0-315-03699-0

National Library of Canada | Bibliothèque nationale du Canada

Canadian Theses Division | Division des thèses canadiennes

Ottawa, Canada
K1A 0N4

51594

PERMISSION TO MICROFILM — AUTORISATION DE MICROFILMER

• Please print or type — Écrire en lettres moulées ou dactylographier

Full Name of Author — Nom complet de l'auteur

TENOVE, SANDRA CHRISTINE

Date of Birth — Date de naissance	Country of Birth — Lieu de naissance
21 August 1950	CANADA

Permanent Address — Résidence fixe

11708-83 Avenue
Edmonton, Alberta
T6G 0V3

Title of Thesis — Titre de la thèse

PROCEDURES AND CRITERIA USED BY ALBERTA HEALTH UNITS IN SELECTING COMMUNITY HEALTH NURSES

University — Université

UNIV. OF ALBERTA

Degree for which thesis was presented — Grade pour lequel cette thèse fut présentée

M.Ed

Year this degree conferred — Année d'obtention de ce grade	Name of Supervisor — Nom du directeur de thèse
1981	Dr. C.S. Bumbarger

Permission is hereby granted to the NATIONAL LIBRARY OF CANADA to microfilm this thesis and to lend or sell copies of the film.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

L'autorisation est, par la présente, accordée à la BIBLIOTHÈQUE NATIONALE DU CANADA de microfilmer cette thèse et de prêter ou de vendre des exemplaires du film.

L'auteur se réserve les autres droits de publication; ni la thèse ni de longs extraits de celle-ci ne doivent être imprimés ou autrement reproduits sans l'autorisation écrite de l'auteur.

Date	Signature
Dec. 17/81	Sandra C. Tenove

NL-91 (4/77)

National Library of Canada
Collections Development Branch

Canadian Theses on
Microfiche Service

Bibliothèque nationale du Canada
Direction du développement des collections

Service des thèses canadiennes
sur microfiche

NOTICE

The quality of this microfiche is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us a poor photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this film is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30. Please read the authorization forms which accompany this thesis.

THIS DISSERTATION
HAS BEEN MICROFILMED
EXACTLY AS RECEIVED

AVIS

La qualité de cette microfiche dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de mauvaise qualité.

Les documents qui font déjà l'objet d'un droit d'auteur (articles de revue, examens publiés, etc.) ne sont pas microfilmés.

La reproduction, même partielle, de ce microfilm est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30. Veuillez prendre connaissance des formules d'autorisation qui accompagnent cette thèse.

LA THÈSE A ÉTÉ
MICROFILMÉE TELLE QUE
NOUS L'AVONS REÇUE

Ottawa, Canada
K1A 0N4

NL-339 (Rev. 8/80)

THE UNIVERSITY OF ALBERTA

PROCEDURES AND CRITERIA USED BY ALBERTA HEALTH UNITS IN SELECTING COMMUNITY HEALTH NURSES

by

© SANDRA CHRISTINE TENOVE

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

DEPARTMENT OF EDUCATIONAL ADMINISTRATION

EDMONTON, ALBERTA

SPRING 1981

THE UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR SANDRA CHRISTINE TENOVE

TITLE OF THESIS PROCEDURES AND CRITERIA USED BY ALBERTA HEALTH UNITS IN SELECTING COMMUNITY HEALTH NURSES

DEGREE FOR WHICH THESIS WAS PRESENTED MASTER OF EDUCATION

YEAR THIS DEGREE GRANTED SPRING 1981

Permission is hereby granted to THE UNIVERSITY OF ALBERTA LIBRARY to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

(SIGNED) Sandra C. Tenove

PERMANENT ADDRESS:

11708 - 83 Avenue

Edmonton, Alberta

T6G 0J3

DATED November 5th 1980

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled PROCEDURES AND CRITERIA USED BY ALBERTA HEALTH UNITS IN SELECTING COMMUNITY HEALTH NURSES submitted by SANDRA CHRISTINE TENOVE in partial fulfilment of the requirements for the degree of MASTER OF EDUCATION.

Chester A Bumbarger

Supervisor

Karen M Mills

Date DECEMBER 5, 1980

ABSTRACT

The purpose of this study was to examine the selection criteria and procedures employed by health units in the province of Alberta in the selection of community health nurses. A measurement of the overall satisfaction with the present process and satisfaction as to its predictive accuracy was also obtained.

The study format consisted of adaptations made to existing studies on administrative selection in business and education. Questionnaires were developed and were directed to community health Nursing Supervisors to obtain the data for the study. Information was thus obtained concerning the selection policies, criteria used, and procedures employed, as well as satisfaction with the present process of employee selection. Responses were received from twenty-four health units out of a possible twenty-nine in the province of Alberta; all were useable.

Major findings of the study were that few health units had well defined, explicit selection policies for community health nurses. Selection criteria of both licensure and personal factors were used extensively while age, sex, intelligence, and scholastic ability were not. Procedures involving application forms, interviews, and references were considered as important.

Nursing Supervisors were either non-committal or somewhat satisfied with the selection processes used, the least satisfaction was with the information gained from the processes as predictors of subsequent employee job satisfaction.

The health units' selection practices were varied and not consistent across the province.

ACKNOWLEDGEMENTS

The writer sincerely wishes to convey her appreciation to all who have contributed to this study. Dr. C. Bumbarger, research advisor, is specially acknowledged for his assistance and prolonged efforts in this investigation. Mrs. K. Mills, Dr. D. Friesen, Dr. E. Miklos, and Dr. A. MacKay are also thanked for their aid. Appreciation is also expressed to fellow graduate students.

The writer also acknowledges all Nursing Supervisors who donated valuable time to complete and return questionnaires. Special thanks is given to Sue Hicks, President of the Public Health Nursing Supervisors Society for her review of the initial proposal.

Finally, the writer wishes to express her gratitude to her family for their support and patience. Thanks is also extended to Barb Shokal, Cathy Campbell, Anne Jefferson, and Chris Prokop for their contributions to the completion of this study.

Table of Contents

Chapter		Page
I.	INTRODUCTION TO THE STUDY	1
	A. Introduction	1
	B. The Problem	4
	Statement of the Problem	4
	Sub-Problems	4
	C. Significance of the Problem	5
	D. Assumptions	6
	E. Delimitations	6
	F. Limitations	6
	G. Definition of Terms	7
	Substantive Definitions	7
	Operational definitions	7
	H. Organization of the Thesis	8
II.	REVIEW OF THE LITERATURE	10
	A. PERSONNEL	10
	B. SELECTION	11
	C. COMMUNITY HEALTH NURSING	17
	D. SELECTION CRITERIA	20
	Age	21
	Sex	22
	Experience	23
	Academic Training	24
	Scholastic Achievement	26
	Intelligence	26
	Personal Factors	27
	Physical Fitness	27
	Breadth of Knowledge	28
	Summary	29
	E. SELECTION PROCEDURES	31

Candidate Identification 32
Qualification Determination 33
Application Forms 35
References and/or Letters of Recommendation 36
Academic Transcripts 37
Ability, Physical, and Personality Tests 37
Field Checks 39
Interviews 40
Internships 42
Summary 42
III. METHODOLOGY 45
A. INSTRUMENTATION 45
Sources of Questionnaire Items 46
Questionnaire Format 47
The Population 47
Data Collection 48
Treatment of the Data 49
IV. CHAPTER FOUR 50
A. ANALYSIS OF DATA 50
Population Profile 50
Written Policies 54
Performance Criteria 56
B. SELECTION CRITERIA 57
Age 57
Sex 58
Experience 59
Basic Educational Preparation 61
Scholarship 63
Intelligence 64
Knowledge 64
Licensure 65
Personal Factors 66

Relative Importance of Selection Criteria 68
Summary 70
C. SELECTION PROCEDURES 71
Identification of Candidates 71
Qualification Determination 74
Methods of Selection 77
D. Selection Procedures 81
Application Forms 81
Interviews 83
Recommendations and References 85
Field Checks 87
Internship and Probationary Periods 88
Assessment of Academic Transcripts 90
Physical Examination 91
Individual Tests 92
Relative Importance of the Procedures 92
Summary 94
E. SATISFACTION 95
Comparative Analysis – Rural Versus Urban 97
V. CHAPTER FIVE 98
A. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS 98
Summary of the Study 98
Conclusions 99
Recommendations for the Selection of Community Health Nurses 101
Recommendations for Future Research 103
REFERENCES 105
APPENDIX A 110
APPENDIX B 124

LIST OF TABLES

Table ..... Page

I. Criteria Recommended in the Literature for Use in the Selection of Community Health Nurses 30

II. Procedures Recommended in the Literature for Use in the Selection of Community Health Nurses 43

III. Nurses Employed in Alberta Health Units 50

IV. Nursing Turnover During the Immediately Preceding Fiscal Year 51

V. Actual Numbers of Nurses Terminated in the Past Fiscal Year 52

VI. Source of Nursing Termination Initiations During the Past Fiscal Year 53

VII. Written Status of Selection Policies in Alberta Health Units 54

VIII. Availability of Selection Policies 55

IX. Presence and Availability of Written Performance Criteria for Position of Community Health Nurse 56

X. Age Criterion Characteristics in Existing Selection Practices 57

XI. Sex Criterion Characteristics in Existing Selection Practices 59

XII. Experience Criterion Characteristics in Existing Selection Practices 60

XIII. Basic Educational Preparation Criterion Characteristics in Existing Selection Practices 61

XIV. Requirements for Community Health Nursing Courses 62

XV. Scholastic Achievement Criterion Characteristics in Existing Selection Practices 63

XVI. Knowledge Criterion Characteristics 65

XVII. Ratings of Personal Factors as Related to Performance in Community Health Nursing Positions 66

XVIII. Importance Accorded Selection Criteria 69

XIX. Criteria Used in the Selection of Community Health Nurses 70

XX. Methods by which Candidates for CHN Positions were Identified 72

XXI. Identification of Candidates for Community Health Nursing Positions 73

XXII. Persons (Positions) Responsible for Determining Qualifications of CHN Candidates 75
XXIII. Qualification Determination: On What Basis? 76
XXIV. Medical Officer as Final Decision Maker Regarding CHN Candidates 77
XXV. Nursing Supervisor as Final Decision Maker Regarding CHN Candidates 78
XXVI. Use of Selection Committees 79
XXVII. Composition of Committees Used for Selecting Community Health Positions 80
XXVIII. Application Form Characteristics 82
XXIX. Personnel Responsible for Interviewing CHN Candidates 83
XXX. Use of Prepared Rating Form in Selection Interview 84
XXXI. Recommendations and References Characteristics of Selection Practices 85
XXXII. Personnel Responsible for Making Field Checks on CHN Candidates 87
XXXIII. Use of Internships/Probationary Periods in Selection Process 89
XXXIV. Academic Transcripts Characteristics in Selection Practices 90
XXXV. Use of Physical Examinations in the Selection Process 91
XXXVI. Importance Accorded Selection Procedures 93
XXXVII. Selection Procedures Used 94
XXXVIII. Satisfaction of Nursing Supervisors 96

I. INTRODUCTION TO THE STUDY

A. Introduction

Qualified people are a necessity in the operation of any organization. It follows, then, that the process of selecting personnel is of fundamental importance in staffing. Health care institutions are in this respect similar to all settings where people are selected. The selection process, even though it may be complicated by structural complexities, changing social values, and the requirements of public policy, must be examined and clarified if the increasing demand for qualified nursing personnel is to be met.

Humans are complex organisms which do not comply easily with simple appraising procedures. The "good" employee does not, in fact, exist apart from the position, for a person is only a good employee if placed in a position which satisfies needs, uses abilities, training and experience, and encourages function somewhere near the optimal level (Morgan and Cogger, 1973:1).

Few organizations can take for granted that there will always be enough "good employees" available to occupy positions that must be filled. Consequently, one of the greatest responsibilities for management is to attract enough people to handle present positions, and to move into vacancies created by changes in the organization's business, retirement rate and other factors (Strauss, 1967:449).

Personnel activity must be developed sufficiently to operate the organization, for the supply of qualified employees will affect success as sharply as the supply of money, materials, or markets. Selection techniques must be developed that adequately assess aspiring applicants.

Castetter (1976:167) claims the primary aim of selection is to fill existing vacancies with personnel who (1) meet preestablished position qualifications, (2) appear likely to succeed, (3) will find sufficient satisfaction to remain in the position, (4) will be effective contributors to work goals, and (5) will be motivated to self-development.

Where the human resources required to meet personnel demands are plentiful and the work or product of the organization is not dependent upon

individual employee performance, an organization can be less concerned with selection. Under these circumstances, inadequate employees can be terminated and new employees obtained to fill the vacancy created; the work process is not halted or altered in any major way.

At one time, selection in nursing was of low priority for a shortage of personnel existed and health care organizations had to rely on whomever they could get to fill vacated positions. This is changing. A trend in the seventies saw the number of potential nurses increasing as the influence of the women's movement on women's work patterns, economic shortages, increasing numbers of graduate students, and fewer nurses completely retiring from active practice combined to make an ever increasing number of nurses available for employment.

Conversely, shortage of personnel can also affect selection processes drastically as the organization is forced to employ those persons available regardless of their qualification status. 1980 is presenting the health care institutions with just such a dilemma as nurses have become a rare commodity, economic shortages still exist, and the majority of health care institutions are facing manpower shortages. This latter trend has been attributed in large part to economic restrictions and nursing dissatisfaction (Mondy and Mills, 1977) rather than actual decreases in numbers of trained personnel.

As nursing research improves and the tasks related to competent nursing practice are more clearly delineated, concern has arisen regarding the legal implications of nursing practice (Levenstein, 1977). The growing awareness of the legal implications of functioning at a level of competence lower than institutionally established nursing standards, is leading nurses to refuse responsibility for care outside their area of comprehensive preparation.

Budgetary restraints and higher standards required for accreditation have caused institutions to identify areas, such as high employee turnover rates, that must be tackled to increase cost effectiveness and improve quality of care (Fredericks, 1979:19).

Personnel selection has become increasingly emphasized in nursing as evident by the following comment:

> ...it is felt that only by better methods of selection and placement of nurse applicants will we be able to lead to more satisfied practitioners and less turnover and less cost in recruiting and hiring, equalling a stable nursing population, cost effectiveness, and overall better quality of patient care – the alleged focus of health care institutions (Fredericks, 1979:21).

Literature regarding selection appears abundant in business and educational fields yet investigations in the nursing field have been limited and directed to the hospital setting in preference to that of community health.

Too often, Nursing Supervisors in the field have been heard to complain that the nurses hired as community health nurses have either not been adequately prepared for their duties, have an attitude toward work that is inconsistent with institution goals, or find it difficult to function independently or in an extended team situation at the time of hiring. These issues are items that appear to be implied by Castetter (1976:167) as aims of the selection process.

How can the Nursing Supervisors reconcile these concerns and hire nurses either free from such difficulties or who are oriented to the work situation in such a way as to negate these concerns? The answer lies in the health care institution's selection philosophy and policy, which is, in turn, based upon societal trends and the philosophy and goals of the organization. What about the health units as examples of health care institutions? Are selection issues in health units unique? To what extent have the health units in Alberta defined their selection policies, identified their selection criteria, and regularized their procedures according to their particular needs?

Many assumptions are made by community health nurses in the field based on an initial assumption that policies employed by the health units in Alberta are inconsistent, if present at all. Little appears to be known regarding what policies actually exist, and if they do not, what policies should exist.

If this survey can show the extent to which selection policies actually exist and are consistent, then the foundation is laid for more extensive studies of health service administration, personnel satisfaction, and personnel performance.

B. The Problem

Statement of the Problem

The problem undertaken is that of describing the selection processes employed by health units in the province of Alberta.

The problem is divided into a number of sub-problems concerning the criteria, procedures, and satisfaction experienced with the selection process.

Sub-Problems

1) What methods do the health units use to identify persons to be considered for community health nursing positions?
2) Who is involved, and to what extent, in determining the qualifications required for the position of community health nurse?
3) What criteria do the health units use in the selection process?
4) What procedures are employed by the health units in choosing among applicants for the position of community health nurse?
5) To what extent does the selection process employed by the health units take into account the specific and unique requirements of the health unit role?
6) What importance is placed upon each criterion and procedure by the Nursing Supervisor employing them?
7) What predictive ability do the Nursing Supervisors assign the selection process for:
   a) subsequent nursing performance?
   b) subsequent employee job satisfaction?
   c) employee longevity?
   d) employee incorporation into the nursing team?
8) How satisfied are Nursing Supervisors with the selection processes presently employed?

C. Significance of the Problem

The availability of competent and satisfied nursing staff is of paramount importance in providing an adequate health care delivery system to the public.

In 1980 the public in Alberta has been made increasingly aware of nursing shortages as evidenced by media reports of hospital budgetary restraints, and of nursing dissatisfaction with the present system and financial remunerations. These issues were exemplified in the spring of this year in the United Nurses Association (UNA) strike for better working conditions and in the 30% increase in wages that was subsequently awarded.

Nursing dissatisfaction and nursing shortages continue to be prominent concerns such that the Alberta Association of Registered Nurses (AARN) is presently undertaking a study to examine these concerns as well as the increasing nursing turnover in most health care institutions in Alberta.

What of community health nursing? While undergoing the same type of concerns, community health nurses are often viewed as the elite of the nursing working force with suspected, if not actual, benefits in working conditions. Yet it can be deduced from health units annual reports that health units are experiencing the same turnover problems as other health care institutions.

The community health nurses are not unified in making their general concerns known although some health unit's nurses are members of UNA and individual members may belong to the Alberta Community Health Nurses Society. Lacking a unified voice, their problems and concerns may not come to public attention or even to the attention of their fellow nurses.

How one becomes a community health nurse, what the position entails, and how candidates are identified remains as information not commonly known. Yet, in the writer's experience, the work done and the services given by community health nurses appear not only identified and well received by the public but demanded, and a trend for future health care.

Selection processes that result in the continuous acquisition of qualified people is critical for the maintenance and growth of any organization. As the public increases demands for community health care services, the position of the community health nurse will be even more prominent and manpower

problems of even more concern.

Most health care professionals understand the implications of present trends and are seeking solutions to the identified problems. It remains important to investigate selection and placement methods as employed by the health units so that present and future nursing demands (manpower and professional), in this specific area can be effectively met.

D. Assumptions

To carry out this study, two assumptions were made regarding the population and data collection:

1) It was assumed that information regarding selection processes as reported by the Nursing Supervisors accurately depicted the process actually employed by the health units.
2) It was assumed that manpower supply and demand did not enter into specific consideration in a way that would seriously alter selection criteria and procedures. In actuality, some health units may have been limited in their selection process because of a scarcity of qualified candidates, but this possibility was not specifically investigated although the reality of this concern is acknowledged.

E. Delimitations

This study was restricted to the health units in the province of Alberta.

F. Limitations

As health is a provincial responsibility under the B.N.A. Act, each province and health care organization necessarily reflects the philosophy of the current individual government toward the delivery of health services. The results gained from this study cannot therefore be generalized to any other provincial community health system nor to any other health care delivery system.

As limited information was available regarding current health manpower status, this study was limited to a descriptive survey of current selection

processes. No attempt was made to survey the community health nurses employed by the health units to validate the information supplied by the health unit Nursing Supervisors. This second limitation of information validation limited the reliability of the overall results.

Another limitation was operational. Staffing appointments in the health regions in Alberta's two major urban systems, while having individual Nursing Supervisors, were made in conjunction with a designated central office supervisor. The processes followed in these urban systems, then, were reported by two respondents rather than the anticipated twenty.

G. Definition of Terms

Substantive Definitions

Community health has been defined in the following manner by the National League for Nursing, USA, May 1959:

> Community health nursing is a field of specialization within both professional nursing and the broad area of organized public health practice. It utilizes the philosophy, content, and methods of public health and the knowledges and skills of professional nursing. It is responsible for the provision of nursing service on a family-centered basis for individuals and groups, at home, at work, at school, and in public health centers. Public health nursing interweaves its services with those of other health and allied workers, and participates in planning and implementation of community health programs.

Herman (1968:8) emphasizes the community nature of the nursing service in his definition:

> *Community health services* refers to those services geared to providing for the state of well-being of the community. Community health emphasizes not only the additive health of the individuals who constitute the community, but the condition of those structures, facilities, and patterns of action that the community uses to conserve its collective health.

Operational definitions

Identification - the method by which an individual is brought to the attention of the health unit as a possible candidate for the position of community health nurse.

Selection - the process by which an identified candidate is chosen for a community health nursing position.

Selection criterion - a principle, role, or standard by which a candidate is

judged as to her potential for a community health nursing position.

Selection procedure – an established action and/or method undertaken by the health unit in appraising the candidate for a community health nursing position.

Selection process – a related series or course of actions to which candidates are exposed when aspiring for the position of community health nurse which allows judgements to be made by the health unit as to their suitability for the position. It includes selection criteria and procedures.

Selection policy – a set of guidelines or rules to follow in regard to the active implementation of the selection process.

Community health nurse – any nurse employed by a health unit or local board of health in the province of Alberta. The terms "CHN" or "nurse" were used interchangeably in the study.

Health unit – those health facilities operated under the jurisdiction of the provincial government which provide mainly preventive health services to the community. In this study the term applied to those institutions operated as health units or, in the case of Edmonton and Calgary, as health clinics under the Local Boards of Health.

Nursing Supervisor – the most senior nursing position in a health unit or the Local Board of Health. Actual position titles may refer to Nursing Supervisors, Senior Nurses, or Directors of Nursing.

Board of Health – the Local Health Authority (L.H.A.) responsible for providing a minimal level of services to the population within the health unit boundaries, as specified by provincial regulations. Services emanate from a health unit office or regional clinic.

H. Organization of the Thesis

The problem, its significance, its limitations and delimitations, its assumptions, and defined terminology have been presented in this chapter. The remainder of the thesis is organized as follows:

1) A theoretical background and review of the related literature are presented in chapter two which is divided into sections on personnel, community health nursing, selection criteria, and

selection procedures.

2) Chapter three presents a description and discussion of the instruments used in the project, an outline of the methodology employed, and a discussion of the data treatment used in the analyses.

3) Chapter four reports the results of the study and discusses the significance of the results.

4) The thesis concludes with chapter five, providing a summary of the investigation, the conclusions, recommendations, and implications for further research.

II. REVIEW OF THE LITERATURE

The purpose of this chapter is to survey the related literature on personnel and organizations with an emphasis on personnel selection and its application to the field of community health nursing. Initially, the area of personnel in organizations will be discussed followed with a more intensive examination of personnel selection. Specific attention is given to health care personnel, in particular community health nurses, and related selection problems. Finally, an overview of selection criteria and procedures, derived from the literature, will be presented with the intent to identify those areas of concern in the literature.

A. PERSONNEL

Strauss (1967:424) states that the personnel function in management is concerned with the development of a highly motivated and smoothly functioning working force. It has expanded from artificial morale boosting efforts and concern with governmental obligations (Strauss, 1967:425-7) to include sophisticated manpower studies and projections. Some of the areas of management responsibility in relation to personnel are: (1) recruitment, selection, and placement, (2) job analysis, description, and evaluation, (3) compensation and appraisal plans, (4) employment records, (5) employment benefit programs, (6) special services, (7) training and education programs, (8) labor relations, (9) public relations, and (10) personnel planning and evaluation.

In terms of our society, the medical and scientific achievements of the past three decades have become institutionalized, but along with the benefits of such advancements, the impersonalization of institutions has also occurred (Hepner et al., 1969:116). Nowhere is this felt more than in the health field; the loss of individuality can be felt at all levels in health care - for example, between the nurse and the client and between the nurse and the employing agency.

The goals, values, and objectives of the health care setting will affect

the total work environment (Hepner et al., 1969:117). This is an area of primary concern to the personnel function -- there must be an understanding of the relationship between the employee and the institution if that work environment is to be controlled and functional.

While personnel management strives toward the ultimate goal of high quality client care at the lowest possible cost, Hepner et al (1969:119) suggest that both line and staff policies must be involved to this end. Fringe benefits in personnel administration and labor relations are considered as extras to the employee in addition to salary. It is these tangible and in some cases intangible benefits offered that allow an employer to compete in the universal manpower pool (Hepner 1969:155). Within the health care system, selection and recruitment, as part of an overall staffing function of the organization, are important aspects to consider if growth and/or maintenance of the system is deemed important by its members.

Stanton (1977:1) reflects this emphasis when he states that the quality of an organization's personnel is frequently the single factor that determines whether the organization is going to be successful, whether it will realize a satisfactory return on its investment, and whether it will reach its objectives. Selection, therefore, is a vital function of personnel. Because recruitment and selection are so necessary in the maintenance and growth of a business or service, they become major functions of personnel administration.

B. SELECTION

An organization can be considered as functional due to the people it employs. In order to sustain, maintain, and promote an organization and its functions, a continuous supply of manpower must be ensured.

Selection of personnel, in its broadest sense, can include for example such aspects as recruitment, evaluation, and induction; but can also be viewed as that much narrower process of choosing among a given group of candidates those persons to be hired.

The administrator when engaged in selection faces a number of tasks regardless of the organization for which he works. Castetter (1976:167) outlines

them as (1) establishing role requirements, (2) determining the kinds of information needed to select competent individuals from the pool of applicants, (3) deciding the methods and procedures to be employed in information gathering, (4) securing staff participation in appraising the information and the applicants, (5) relating applicants qualifications to the position requirements, (6) screening the qualified applicants from the unqualified, (7) preparing eligibility lists, and (8) selecting suitable candidates for hiring.

Selection, of course, cannot operate independently of the recruitment process for in order to be functional the number of eligible applicants must exceed the number of positions. The number and quality of personnel attracted will depend on the design of the policies and the overall philosophy and the operation of the entire personnel function (Castetter 1976:167) as well as the philosophy of the organization.

Organizations tend to develop hiring methods consistent with work process demands and their overall philosophy of selection. Strauss (1967:462) outlines three philosophies on selection:

1) The "right type" philosophy where applicants who do not "fit" are screened out with the objective of the process being the weeding out of applicants who do not obviously qualify for the type of work typically available in the organization.
2) The "fitting jobs to people" philosophy where the job requirements are adjusted to the people who are available to fill them. This is particularly prevalent in situations where manpower resources are severely limited.
3) The "fitting people to jobs" philosophy where it is assumed that both the requirements of a given position and the characteristics of a given applicant are sufficiently unique as to allow an accurate match between them.

It is this third philosophy that best promotes position-person compatibility as both person and position are taken as unique; no adaptations are required, a match is assumed to be possible. This philosophy normally requires the most extensive pre-employment assessment.

Miner (cited in Smith 1973:1) suggests that organizations must make use of such philosophies to establish procedures and techniques to identify those individuals within an applicant group who are most likely to succeed in the position and who will maximize the possibility of organizational goal attainment.

Why then is the selection process a variable in personnel functioning? Why is there ineffectiveness? Castetter (1976:169-72) alludes to several issues limiting the effectiveness of the selection process including:

1) goal ambiguity of the organization as an entity or of the interaction of its subjects - the client, the worker, and the institution;
2) the unavailability of perfect or near-perfect predictors of work performance;
3) legal constraints placed on test use and test development;
4) economic constraints on test procedures;
5) time constraints on the selection test process and the rapid invalidation of selection techniques caused by continual changes in position and personnel requirements and demands; and
6) technical constraints of both the appropriateness (validity and reliability) of selection techniques and the methods used to interpret them.

How then can a process limited by so many constraints be made more effective?

The basic concept of selection revolves around the organization of activities allowing information received from various candidate sources to be compared to information regarding the job requirements as specified in the position guide (Castetter 1976:203). A systematic approach to the task will be facilitated if a variety of reliable information can be provided to the selection personnel. How well such information is used will depend on the selection personnel's ability to evaluate their selection information effectively.

Schneider (1976:xi) continues this overview of the selection process as he presents selection as a problem requiring the integration of traditional personnel selection practices and the science of organizational behavior and

work motivation. He attempts to fit the staffing process into the larger framework of the organizational system to be staffed by considering some nontraditional selection topics such as:

1) job analyses as information sources for reward systems;
2) choice - organizations not only choose employees but employees through career, occupation and organization choice processes select organizations;
3) goal definitions - the degree to which the organization defines the goals and objectives will determine the criteria for hiring, who will be hired, and the entire staffing process; and
4) relationships - initial contact between the employer and the candidate may have an impact on the way the potential employee views the organization in the future.

By examining the selection process, one can identify aspects of organizational structure as they affect behaviors.

It is doubtful that an organization could attract and hold a competent work force without maintaining at least minimal levels of job satisfaction. Mondy and Mills (1978:35) stated that because job satisfaction and job longevity tend to be related, the individual responsible for hiring requires some means of identifying persons who will not only be competent, but also likely to be satisfied and want to remain.

Schneider (1976:52) reported a finding that indicates a negligible relationship between employee satisfaction and job performance. Satisfaction does not imply improved job performance. Bass (cited in Schneider, 1976:53), however argued that

> ... the success with which a psychologist matches employees to jobs may not be gauged merely by the serviceability of the employees to the organization in which they are performing these jobs but also on the basis of the satisfaction that accrues to the employees by being placed on the given job - not because this increased satisfaction necessarily will lead to increased productivity and lower turnover within the organization, but because worker satisfaction is considered an intrinsic value - desirable in its own right.

Lest one assume from the above quotation that satisfaction has no definitive tie to staffing, Etzioni (cited in Schneider, 1976:53) developed a

concept of reciprocity in employee satisfaction and positive outcomes such that "organizational rationality and human happiness go hand in hand." Schneider (1976:53) noted that more satisfied employees may produce indirect organizational benefits such as commitment to the organization, customer satisfaction, and referral of future employees.

Levenstein (1977:74) notes that the issue of longevity of employment, although his concern was specific to nursing institutions, is also applicable to other organizations; it is the problem of personnel turnover. While one acknowledges the aesthetic values of position change, of varied experiences, and of new challenges, the personnel director must be concerned with mounting labor costs and disrupted services. Schneider (1976:197) cites studies identifying turnover as a job dissatisfaction factor. He cites Viteles as saying:

> ...turnover results from a variety of causes. It naturally varies with jobs, wages, sections of the country, season of the year, economic conditions, etc., but "dissatisfaction of the worker or employer resulting from the unfitness of the worker for the job" is unquestionably a major cause.

The primary aim of selection, then, must be not only to fill existing vacancies with personnel who meet established requirements, but also ones who will succeed in the system and who will remain in the system (Castetter, 1976:167).

To understand selection, a person must understand staffing as a whole and how the parts of a system intermesh. Schneider (1976:13) defines staffing as the process involved in identifying, assessing, placing, evaluating, and developing individuals at work. The objective of any of these staffing activities is to identify people willing and able to do a job well.

Because of the interrelatedness of the system parts, and of the organizational context, numerous theories have been advanced to provide rationales for organizational procedures. Individual differences (Darwin cited in Jenkins, 1961), mental ability tests (Binet and Cattell cited in Schneider, 1976:4), motivational theorists (Vroom cited in Schneider, 1976), and behaviorists (Alderfer cited in Schneider, 1976), have all provided input regarding the reasons for work and the values associated with it.

Much has been written on the organization of the selection process with each author suggesting various steps to be taken and results to be achieved.

One item of note in most such sequences is the necessity for careful job analysis and role prescriptions.

Manpower planning depends upon an examination of the entire system. Job analyses help specify the quality of the employees required by an organization while the quantity can be specified through forecasting. Quantity needs are affected by absenteeism and turnover.

It again becomes a matter of selection; matching workers to the organization, to the environment, and to the expectations placed on them and coming from them. To match an employee to the position, one must have comprehensive information on both the employee and the position. In the latter case, job analyses, job descriptions, and role prescriptions must be developed so as to provide as much realistic information on the position as possible (Brockenshire and O'Hara-Hattstaedt, 1980:18). Research into this area has produced several "how to" manuals on this subject (Schneider, 1976; Castetter, 1976). From such efforts a set of criteria may be developed specifying not only what is required of the candidate for successful functioning in the position but also what the job offers in the way of employee rewards. This last point is recent and few job analyses have gained such comprehension. Traditionally criteria have been limited to objective items that can readily be assessed in candidates.

The second part of matching an employee to the position requires an analysis of a different kind - that of the candidate. Several techniques have been used to provide information and are discussed later under selection procedures.

Selection, then, is intrinsically related to manpower supply. It requires more than choosing among presenting applicants. It requires consideration of the entire system - organization and environment as reflected in both the position requirements and the adopted philosophy for selection. The administrator is presented with several tasks within this selection function which allows him/her to match employee, employer, and position not only as to work requirements, but to personal attributes and the potential for successful job performance and satisfaction.

C. COMMUNITY HEALTH NURSING

It appears from the literature that a definition of community health is difficult to form that will be in agreement with all practitioners. Jacobsen (cited in Archer and Fleshman, 1975:3) provides the following general statement:

> community nursing is a learned practice discipline with the ultimate goal of contributing, as individuals and in collaboration with others, to the promotion of the client's optimum level of functioning through teaching and the delivery of care.

However, in order to fathom the nature of the position and the requirements for education and necessarily for selection, one must develop a more comprehensive definition. In a conference on redesigning education for public or community health in 1973 the following description was provided and agreed upon by conference members. Public health nursing (to be used interchangeably with community health) is described as:

> (1) a primary obligation to provide health services to a defined population or community as differentiated from services provided to individuals or families in their community setting; and
>
> (2) a major concern with continuing and preventive health care rather than with episodic care. Within this context it was posited that public health nursing:
>
> 1) deals with problems of vulnerability and with those conditions that foster or inhibit susceptibility to disease or malfunctioning;
>
> 2) incorporates public health competencies with nursing, i.e., skill in community assessment, in initiating and monitoring disease prevention programs, in educating the public in matters pertaining to health and in focusing attention on bettering the physical and social environment for improved community health;
>
> 3) applies nursing theory and techniques in the promotion and protection of health and in the development of community health programs, i.e., observes and interprets health behaviors, caring patterns and lifestyles of individuals, groups, and families as a basis for determining community health needs and program requirements;
>
> 4) operates within the broad structure of the total health care system, including all providers of health related services that affect the population for which the public health nurse is responsible. -(Roberts and Freeman,

1973:104-5).

From the above description, the reader can perhaps gain an insight into the diversity of the work done by community health nurses and may note the large proportion of organizational, administrative, and coordination activities that must be performed on a daily basis. What kind of preparation, then, is needed for the nurse to be employed in such a position? Again from Roberts and Freeman (1973), the authors state:

> although public health nursing is considered an educational entity, much of the content depends on experiential learning. By virtue of their close involvement with patients and families, many public health nurses develop keen understanding of human needs, interactions and personal relationships, and become skilled practitioners in the caring process, adapting and translating varied patterns of care to the particular situation.

Roberts and Freeman continue on to say that such learnings are unique to the individual nurse and thus promote the idea of practice by intuition.

On the other hand, other educators have felt the need to strengthen the scientific basis of community health nursing and provide conceptual direction for practice. Attempts have been made to analyze and systematize nursing knowledge gained through clinical experience. Behavioral and biological sciences have been emphasized to provide such background concepts.

What about community health nursing manpower? Are shortages a reality? These questions have always been difficult to answer when considering community health nursing apart from the total profession of nursing and nursing apart from the totality of public health services (Roberts and Freeman, 1973:113). As part of this distinction between hospital nursing and community health, attempts have been made throughout the health care system to delineate the tasks required for nursing competencies not only in specialty areas but in general nursing functions as well.

The nursing profession is attempting to define the nurse's role by setting minimum standards of operation and by proposing on-going education. Yet the requirements and characteristics of a "good nurse" remain elusive. The position, the environment, and the person remain variables. The position (specific nursing function), the environment (location of service), and the person (nurse) remain variables in the determination of what "good nursing" should be. The need for a

disciplined analysis of roles and functions required within the health system has often been discussed (Roberts and Freeman, 1973; Tenopyr, 1978). It has been hoped that such an analysis would identify the task appropriateness as related to the educational preparation.

In the writer's opinion, an analysis of nursing roles and required task competencies for successful performance of those roles should allow an evaluation of the readiness of nurses to assume these roles upon graduation. This level of preparation would reflect on the adequacy of present educational preparation and could suggest changes to existing training programs. Practice should be reflected in training programs if graduates are to be more readily functional in the work setting.

While the education of nurses for a wide variety of functions has been considered a plus in allowing flexibility in assignment and the utilization of special interest talents, it also requires considerable expense in terms of educational costs and manpower timing (Roberts and Freeman, 1973:113). Extra costs are incurred as more extensive educational preparation is required with the added costs of instructional resources and institutional placement. Graduates are not available as quickly to the work setting because of the increased duration of training, which in turn increases organizational costs in the field.

Several plans have been developed for the education of community health nurses (Roberts and Freeman, 1973:114-27). While the basic education is taken for granted, additional courses in biological and behavioral sciences have been added to provide a more scientific conceptual framework for an intuitive practice. It is suggested that a problem solving approach with reliance on research will be a means of reducing the non-measureable intuitive experiences within nursing practice.

Nowhere is the dilemma of a nursing shortage and the necessity for hiring more evident than in community health nursing where nurses must operate independently, away from the source of supervision, yet maintain an extended team work capability. They must continually make decisions, frequently of a vital nature. Futhermore, they are responsible for identifying and assessing community and client needs, planning, providing, and evaluating health services in their

communities. Because of the extensive independent nature of their work, operational modes must be assessed in the preemployment stage. Community health nurses cannot be placed in the field without the supervisor's knowledge of the nurse's capabilities under independent and possibly difficult conditions. With the increasing legal constraints of practicing above levels of comprehensive preparation and awareness of potentially difficult and unpredictable work situations, community health nurses must be chosen and developed carefully and systematically.

The selection of community health nurses is suspected as difficult as practitioners can neither agree on the definition of community health nursing nor on the activities they must perform (Roberts and Freeman, 1973). The definition of nursing, generally, is not uniform and cannot be determined overall, for it depends upon the model of nursing under which the nurse in question works (CNA, 1980).

Attempts have been made to delineate community nursing tasks so that minimal standards can be established and so that education will reflect these necessary qualifications. The administrator could then expect a standard of performance from eligible candidates and selection would not necessarily have to attend to competency. This suggested state of affairs, however, is not present at this time. It requires a great deal of preparatory work, i.e., philosophical underpinnings, goals and objectives of activities, and standards of performance to be identified and developed.

D. SELECTION CRITERIA

How can one improve the effectiveness of the selection process? It is suggested that more intensive testing of the applicant would improve position-person compatibility by identifying the unique characteristics of both position and person aspiring to that position. While additional testing can be costly, proper selection will minimize the dissipation of time, efforts and funds usually allocated to staff induction and development (Castetter, 1976:167) since candidates chosen with attributes matching position requirements will not require extensive inservice training to develop the skills necessary for the position.

An institution that hires indiscriminately pays a cost. An assessment and verification of a potential employee's knowledge and performance should be inherent in the selection process. The criteria which have traditionally been used in the selection process are: age, sex, experience, academic training, level of scholastic achievement, intelligence, personality and personal factors, health, and general knowledge.

It is suggested by the writer that this list of criteria seems to include aspects other than "knowledge" and "performance". A broader investigation of the candidate through the use of these criteria will provide additional information to improve person-position compatibility by matching attributes more closely.

Criteria today have expanded from the aforementioned and authors in the selection field offer new criteria for consideration. Calhoon (1976:107-9) makes a strong case for considering specific traits and in particular, sociocultural differences such as family heritage, social class, and cultural background. The relevance of any of these criteria is taken to be dependent on the nature of the position. Schneider (1976:24) stated that criteria should possibly be developed specifically for the position to be filled, based on the job analysis.

For the purpose of this review and for this study, the traditional selection criteria will be reviewed in terms of the existing literature. Additional criteria as aforementioned are not easily measureable, vary in requirements for geographical areas, and do not appear to significantly apply to the nursing experience.

Age

Authors in the educational realm (Scott, 1958; Campbell et al, 1956) have found that age was not related to effectiveness particularly in a position of an administrative nature. Yet others, as cited in Calhoon (1976:127), have concluded that whether older workers (taken as over forty years of age) are more productive than their younger counterparts depends on the kind of work and on the individual worker. No specific literature was located on age in the health field but mention was made that inactive and retired nurses should be

encouraged into service (Fredericks, 1979), hardly a criticism of age

Basically, the literature suggests that candidates must be old enough to have the maturity, experience, and education necessary to function in the work setting and enjoy the respect of their coworkers, yet young enough to ensure longevity of employment (Calhoon, 1976:105; Campbell et al., 1956:411).

Age, as a selection criterion, has fallen into disfavor with the passing of human rights legislation that dissallows discrimination in employment based on the age of the applicant. While this criterion has been legislated into disuse, it is possible that the traditional consideration still continues. Practice may not, as yet, have followed law.

In summary, age has not been recommended as a criterion for selection and cannot, legally, be considered in the selection processes of health units.

Sex

Calhoon (1976:123) goes into considerable detail in analyzing the differences in men and women in business as related to effectiveness and concludes that while differences exist, women, if anything, are perhaps a better risk. This he qualifies to occur at older ages most often and that in general the sexes are equal in overall job performance effectiveness.

Little research has been conducted as to sex differences in the nursing field as traditionally women have chosen the occupational field almost to the exclusion of men. However, this is changing and the specific work and capabilities of the position of community health nurse would have to be researched to discover possible conflict areas in the employment of male nurses with the work assignments presently used. While work assignments could be based differently so that the sex of the nurse is taken into consideration, this is neither practiced (because of non-applicability in present manpower status) nor allowed in terms of legislation.

Sex, as a criterion, is considered similarly with age with respect to human rights legislation. Discrimination in terms of the sexual characteristics of candidates is legally not allowed for selection determination. As with age, while

legally not considered, actual practices may not reflect the arbitrary nature of this stance.

Experience

Experience appears to be a valued commodity regardless of the field in which the position occurs. While agreement exists that administrative positions should have two to five years experience within the field of a broad nature (Peach, 1963:12) little has been found in the literature that relates to positions requiring administrative competencies but not having an administrative position title.

Roberts and Freeman (1973) noted that community health nursing has been an experiential learning practice until recently and even now contains a large segment of experiential skill development. It is suggested that competencies are gained through active involvement with clients and groups in the clinical setting rather than by preservice training.

If one assumes this practice by intuition viewpoint of community health nursing, then previous experience could not be demanded from first job candidates, but would appear to be highly valued as a selection criterion. Other selection criteria, such as educational preparation, would not be of as much importance if community health nursing was totally intuitive in nature. Only those nurses having worked for a period of time and having exposure to clinical learnings would be competent to assume these nursing positions. This would also suggest that on-the-job training should be an integral part of the preparation and work setting.

What actually occurs in the field as to experience? In a 1977 manpower survey of community health nurses in Alberta, Moore (1977:13) reported that 44% of the CHNs surveyed had 11 plus years of nursing experience and 24% had 11 plus years of community health nursing experience. Low mobility among nurses was also noted with 49% remaining in the same position for 3 plus years, 30% for 5 plus years, and 15% for 10 plus years. This extended experience and tendency to remain in the same position for a long period of

time may suggest important considerations.

Are nurses within the community health field exposed to new learning situations over an extended period of time? Does a plateau occur after which there is no new learning? Is learning experienced in one setting (health unit) transferable to another? Is any log of learning exposures, if not measureable learning, kept within the health unit for each nurse? Are learning exposures planned? Are they programmed?

In summary, the literature suggests that nursing experience, regardless of the nature of that experience, is a valued criterion when it comes to selection because of the implication that the experience has improved the level of nursing competency through exposures to learning situations.

Manpower status findings (Moore, 1977) indicate that nurses, in general, in community health are not extremely mobile, and that they have had several years of experience within the field. The extent of exposure to learning experiences is not questioned, however, the range of experiences and the extent of competencies developed as a causal event remain speculative.

Academic Training

In addition to experience, there appears to be a trend toward increased preservice training. As in most professional occupations, more preparation is being carried to the baccalaureate level in nursing.

Roberts and Freeman (1973) suggest, in their discussion of American community health nursing, that basic training and even additional training in the community health content areas is no longer sufficient. With the acknowledgement that community nursing is an experiential learning field, the need for biological and behavioral sciences training has been identified as necessary to provide preservice conceptual background to the interpersonal skills that are developed from exposure to the clinical setting.

In line with these identified training needs, colleges and universities are assuming greater roles in the education of health personnel. Advanced courses are continually being developed allowing for more specialization (Hepner et al.,

1969:349).

The nursing profession has recommended that the educational level of all nurses be raised to the baccalaureate level (Nursing Task Force Report) and nursing institutions and programs have been designed and implemented to this end.

A caution is noted that problems are arising around articulation, i.e., how education received at one academic level or type of institution can be credited to another or toward additional education or career development. Steps are being taken to resolve the problem of how to articulate. The focus is on updating and nursing has acknowledged the push for further education either as a preservice requirement or as an ongoing but required aspect of the employment situation.

Since community health nursing, as a course subject, is taught at the baccalaureate/diploma level only, most community health nurses will have degree or diploma educational preparation. Moore (1977:10) states that 67% of CHNs in Alberta have nursing education greater than an RN (Registered Nurse) status; 47% have a BScN and 20% have a diploma in public health nursing. While manpower shortages are realistic concerns, the quality of the training of those nurses available is high in Alberta compared to Canadian standards (Moore, 1977:13) in that more community health nurses in Alberta have advanced or specific community health training. Nurses in Alberta are concentrated in the major urban centers of Edmonton and Calgary, and rural health units may or may not reflect the overall higher standards in training experienced by the province.

In summary, academic training as a criterion for selection, is recommended in the literature. However, due to the status of CHN manpower reported in Alberta, training appears to be relatively similar among employees, and may not be of differential importance in the selection processes of Alberta health units, depending upon the location of the health unit and its ability to attract well qualified CHN candidates.

Scholastic Achievement

Closely related to academic training is scholastic achievement. Houseman (1970:48) stated that the scholastic achievement must be at a satisfactory level but qualifies this by saying that the higher the training the more significant the grade point becomes.

Many authors feel that because of the nature of most university courses and admission requirements to the university generally, admission to the faculty of nursing will have ensured an adequate achievement standard. Possibly due to disparities in marking, instructional standards, and course content, scholastic achievement, as identified by grade point levels, is a poor criterion for selection comparison (McIntyre, 1965:9).

Scholastic achievement as a selection criterion is not recommended as academic rating methodologies and educational programs cannot be ensured as universal to preparatory institutions.

Intelligence

Most studies to date concerning intellectual capacity have revolved around administrative or leadership positions requiring the use of administrative competencies. Houseman (1970:48) felt that the minimum IQ of prospective administrators will in the future be set at 120. Others have studied present leaders in professional fields and have rated them as having superior intellects.

No studies could be found in the health field as to desired intellectual capabilities. McIntyre (1965:17), however, found that no direct relationship existed between intelligence and success. He also indicated that mental ability tests alone were insufficient measures of intelligence.

Intellectual capacity, because of measurement difficulties and no causal requirement for community health positions, is not seen as a recommended criterion for selection.

Personal Factors

Personality, attitudes, motivation, character, and temperament are important personal characteristics (Morgan and Cogger, 1973:3) for they often determine how well a worker will perform, how much growth he will achieve, and how long he will stay with the organization. Many theorists (Murray, McClelland, Allport, and Herzberg cited in Morgan and Cogger, 1973:9-12) have developed elaborate theoretical need systems which can be used as a basis for assessing personal characteristics. Personality or personal factors is perhaps the one criterion that is focused upon by writers with respect to selection. Leadership characteristics as assessed by peers and past work experiences were stressed by Houseman (1970:40), while Calhoon (1976:103-26) considered the individual differences in personnel almost exclusively as a criterion for selection. These personal factors include many characteristics such as commitment, maturity, relationships with others, and professional allegiance. These have in common a subjective definition and difficulty in measurement.

Fredericks (1979:29) felt that certain characteristics must be assessed to predict potential success or suitability, particularly for a nursing position: abstraction, assertiveness, achievement levels, self-awareness, and personal ability.

While the traits chosen for emphasis vary with the author and particularly the position under consideration, many authors seem to identify communication and decision making as important (NEA ,1958). Personal factors, as a criterion for selection, appeared to have unanimous approval and recommendation in the literature. There was, however, no agreement as to the traits required for assessment or a reliable and valid means of measuring the existence or extent of such traits in position candidates.

Physical Fitness

Campbell et al. (1956:265) stressed physical characteristics over other writers feeling that good health and appearance (physical attributes) were necessary for success. Other authors preferred to mention energy levels and stamina rather than specific traits as being success criteria.

Of late, a trend has developed within the profession of community health nursing that suggests that nurses must be exemplars to the community of a healthy lifestyle as indicated by positive health habits and appearance, but no research or literature has been found to date that promotes this in particular or evaluates the present status of the health profession. The bias in favor of physical fitness however remains in the field.

The hiring of candidates, based on physical ability is controlled by human rights legislation in that discrimination on the basis of physical disabilities is not allowed unless it can be proven that the requirements of the position are such that the candidate could not perform the necessary skills required for that position.

Physical fitness, as a criterion for selection, has limited credibility in the literature because of a difficulty in definition as well as measurability. It is also prohibited by law for physical disabilities to be considered unless of a crucial nature to the performance of the position. As with age and sex criteria, practice may not, as yet, have followed law.

Breadth of Knowledge

How much knowledge is necessary for successful job performance? Campbell et al. (1956:325) suggest that successful leaders tend to have a broader knowledge base than their lesser counterparts. CHNs because of their independent functioning and use of administrative processes on a daily basis have informally been assigned leadership status qualities.

Along with the favor given higher education and scholastic achievement, favor has also been granted to a greater breadth of knowledge. This has tended to be evidenced by the introduction of liberal arts courses into the nursing, business, and educational curricula at the college and university level (Roberts and Freeman, 1973).

Moore (1977:16) reports that 40% of the CHNs in Alberta have taken at least one major course in addition to their community health diploma or degree. She states that the largest number of these extra courses are in the area of

psychology, administration, nursing arts, and maternal-child care in that order. Specializations have been developed in special interest areas, many of these outside the basic nursing area. Yet nurses surveyed felt that a generalist approach to community health tended to give broader satisfaction even though it was acknowledged that great difficulty was being experienced by being "spread too thin."

Roberts and Freeman (1973) stated that interpersonal skills are learned ideally through guided experiential learning and that further biological and behavioral science courses are needed to develop depth and breadth in the nurse's conceptual base.

Breadth of knowledge appears at best as a controversial criterion for selection. It appears that no definition of a broad knowledge background has occurred, that such attainments cannot be measured, and that the effects of a broader knowledge within the field cannot be measured. A positive orientation to broader knowledge was noted in the literature but the practical aspects of its use as a criterion were not advanced.

Summary

The criteria presented represent the major criteria indicated in the literature. Writers do not assign equal importance or ranking to each criterion although greater agreement exists in business and educational literature than is reflected in the available nursing literature on this topic.

Table I presents a summary of the recommendations for criteria to be employed in the selection of community health nurses. Age and sex criteria have come into disfavor because of anti-discrimination legislation and limited relevance to nursing manpower considerations. Scholastic achievement and intelligence received similar non-favor and acknowledgement as non-critical issues. Experience, academic training, physical fitness, and breadth of knowledge are suggested criteria athough their use is limited by testing difficulties and lack of knowledge of how they apply. "Personal factors" has received unanimous approval as a selection criterion by all authors, regardless of the occupation

TABLE I

Criteria Recommended in the Literature for Use in the Selection of Community Health Nurses

Criterion	Recommendation for Use			
	Strongly Recommended	Slightly Recommended	Limited Support	Not Recommended
Age				X
Sex				X
Experience		X		
Academic training		X		
Scholastic achievement			X	
Intelligence			X	
Personal factors	X			
Physical fitness		X		
Breadth of knowledge		X		

being considered, although several reservations exist as to their test feasibility.

Therefore, within the community health field, study should be undertaken to review the traditional criteria in view of their use as selection criteria. Once established as useful, new testing measures must be developed. Additional criteria specific to the occupation should be delineated with particular attention paid to measurability.

Until such efforts are completed, the nursing field along with others, appears to be dependent on minimally defined criteria with varying degrees of relevancy to community health nursing and limited feasibility for use.

E. SELECTION PROCEDURES

The basic concept of selection revolves around the organization of activities allowing information received from various candidate sources to be compared to the job requirements as specified in the position guide (Castetter, 1976:203). A systematic approach to the task will be facilitated if a variety of reliable information can be provided to the selection committee. How well such information is used will depend on the committee's ability to evaluate such information effectively.

Information regarding prospective employees can be gained through a variety of techniques -- application forms, resumes, references -- and can allow assessment of education, training, and work experiences. The interview, as a measure of personal contact, has historically been required to gain insight into an applicant's personality. School transcripts, test results, and past employer references provide additional information.

Most health care professionals understand the implications of present trends in manpower resources and are seeking solutions to anticipated difficulties. However, how can selection and placement methods be reorganized to meet effectively the present and emerging demands of a developing work force? Unfortunately, there appear to be few, if any, specific standard tests available for the selection of potential "ideal" community health nurses.

This section will review the literature on selection procedures and identify those procedures that are most recommended for use in the health unit setting.

An overview of candidate identification will be given as a necessary part of the selection process.

Candidate Identification

One of the selection concerns common to business, education, and health fields is that of candidate identification. Possibly the single most frequently used method is that of self-selection. While some authors feel that mediocrity results from self-selection (McIntyre, 1965:8), others argue that perhaps candidates are most knowledgeable of their own abilities and could identify the more suitable positions. Morris (1971:35) felt the candidate was the one person to describe and draw attention to all the attributes which made him or her a more desirable applicant than the several others applying for the position.

Houseman (1970:47), however, cautions against self-selection as a single criterion as he states:

> although the candidate's personal aspirations based upon self analysis of his capacity (to administer a school) will continue to be a primary factor in the availability of candidates ..., the factor of self-selection, when it is the single criterion used, leaves a great deal to be desired.

While it is recognized that candidates may be aware of their attributes and what position they desire in the light of those attributes (Morris, 1971:35), it has been equally recognized that candidates are not as cognizant of their liabilities (McIntyre, 1965:8).

The continuous acquisition of qualified people is crucial for the maintenance and growth of organizations, including health agencies. While many organizations use self-selection or the "knock on the door" approach to candidate identification, active recruitment is still supported by all organizations. Modes of active recruitment include word of mouth, advertisements, employment agencies, and contacts with school graduating classes. Word of mouth on employee referrals, has some advantages due to minimal cost, but this advantage may be counteracted by increased problems with nepotism and may also violate equal opportunity employment requirements (Marriner, 1976:18).

The other methods of identification offer the employer a broader field for selection and thus potentially a better opportunity to hire personnel with the desired characteristics whatever they may be. Recruitment costs can even drop due to broader placement opportunities. Fredericks (1979:20) felt that a sound recruitment program includes advertising in professional journals and local publications, visiting nursing schools, sponsoring workshops open to nurses not presently employed by the agency, and open house days.

As the sources of manpower include persons seeking their first jobs, those dissatisfied with their present jobs, or those presently unemployed, the reasons behind their status and their goals and aspirations must be assessed to foster correct job placement (Marriner, 1976:20). Methods of early identification are supported by educational and business authorities as well. Identification of candidates encompasses an essential step in the selection process for proper identification can suggest early screening for selection. This alone reduces potential costs of selection processes.

Several methods of identification have been suggested in the literature but no agreement exists as to the best method. A broad program of identification using several sources of contact would best provide candidates that more closely approach the requirements of the organization.

Qualification Determination

One of the problems which supervisors in any organization must solve is the question of who should determine the qualifications which an employee must possess. Part and parcel of this problem is the specification of what procedures will be used once the qualifications are established.

Thigpen (1976) outlines some of the advantages for an outside assessment center to tackle the job analysis and task specification of a position. The main advantages proposed are the objectivity and the intensity of the assessment that takes place outside the confines of the employing agency.

Many authors have suggested that those persons who have a stake in the outcome of a position definition should be involved in the determination of

qualifications as well as in the actual testing and selection of the applicants (Kistler and Kistler, 1980). Can the health units adequately assess the aspiring applicants for the eventual position they must embrace? Or should an outside assessment take place? Thigpen (1976) would suggest that outside assessment is necessary to analyze objectively both the institution and the candidate, and thereby gain better matches between position and person. Kistler and Kistler (1980) suggested that this could be done within the institution if committee structures are used to broaden the base of judgements and lessen possible biasing factors.

Following the determination of the desired qualifications and the organizational needs, it must be decided who will make the assessment of a candidate's qualifications. In the literature a common thought has prevailed -- more than one opinion is necessary in assessing qualifications. More and more institutions of all types, and especially health institutions, are turning to selection committees, particularly when the procedure must include subjective judgements.

Tope (1960:48) suggested the establishment of a five plus member committee to review all candidate information. In the nursing field, those who are most successful in developing and maintaining recruitment programs have coordinated their activities under the direction of a nurse recruiter who has the support of a recruitment and selection committee (Swanberg and Knutson, 1979:68).

The theme of group interviewing carries this multiple responsibility for selection assessment even further. Many authors (Dale and Buley, 1978; McIntyre, 1965; Tibbitt, 1977; Boroden and Carbeiner, 1978) believe that group responsibility and accountability in the selection decision making process could increase the effectiveness of the procedure.

In health care organizations, local, state (provincial), and national controlling agencies all stress quality assurance, responsibility, accountability, and individual performance. It is important that the prospective immediate supervisor be involved in the selection process. A multiple personnel process is recommended with personnel departments evaluating the stability, longevity, licensing, past experiences and references; the director tackling communication skills, motivation,

professional goals, adaptability, and personal philosophy; and the supervisor assessing the potential for achieving the objectives, standards, and goals of the particular unit (Tibbitt, 1977:44). While not all group selection committees have varied functions, their goal is to objectively and comprehensively assess the aspiring candidate.

The actual procedures commonly used in selecting personnel consist of application forms, references or letters of recommendation, academic transcripts, test procedures, field checks, interviews, and internships. In this review, no attempt will be made to discuss the assessment center approach to selection as it is believed that as yet (Cascio and Silbey, 1964) -- and particularly in the nursing field (writer's experience) -- this method is not widely understood or used. The selection procedures used in such centers include many of the traditional selection procedures to be discussed but on neutral ground and perhaps not in reference to only one specific employment opportunity.

Application Forms

Comparatively recently, the use of application forms has been recognized in personnel literature as a means of gathering biographical data, they are a quick and economical way to collect a variety of demographic material. While such information has little use in predicting leadership or satisfaction tendencies (AASA, 1960:163) a complete personal history as available from application forms can be used for determining certain personality traits, for determining whether the candidate meets minimum hiring requirements, to collect further biographical data, and to plan the selection interview (Marriner, 1976:20).

Berglas (1978:30) suggested that the purpose of the application form, rather than as a means for the supervisor to gain objective data about the candidate, is to provide a means for the candidate to sell himself. The handwriting, composition, details, etc., allow a prejudgement of the candidate and application forms can be utilized by the candidate to set the stage for his subsequent contacts with the employer.

In summary, greater reliance in selection is placed on selection methods alternative to application forms as a basis for hiring, yet the use of application forms appears almost universally recommended.

References and/or Letters of Recommendation

The use of references is controversial in the literature surveyed. Berglas (1978:30) hailed the method as a means of providing valuable information on the candidate; Marriner (1976) added qualifications seeing references as possibly inaccurate and misleading and suggested cautious use. McIntyre (1967) categorized the letters as practically worthless as he stated:

> unless one knows the writer of a given letter, and knows what the writer means by what he says, (one) had better not place any confidence in the contents.

Hadley (1952:6) felt the procedure could be made more effective by telephone and, as others, felt that negative statements revealed more about the candidate than did acclamations.

Rating scales, which vary in form and use, have been used to attempt to objectify reference letters. McIntyre (1971:9) negated their general use as he stated that:

> the traits to be rated are often of limited relevance, the points on the scale are seldom clearly defined, and leniency is so rampant that only the upper end of the scale is ordinarily used.

However, the goal of developing better rating scales and educating administrators in their use and interpretation remains a possibility for the future.

References, as a selection procedure, remain controversial. The procedure is recommended in the literature only if referees are known, are followed up by telephone, and if some means of standardizing and objectifying comments can be undertaken. Given the above qualifications, references may be used as an adjunct to other selection procedures.

Academic Transcripts

Transcripts of university or other academic institutions are recommended for use if scholastic ability is one of the criteria used to judge a position's requirements. McIntyre (1967:4) suggested that

> ...in most fields academic marks seem to be the best single predictor of further scholarly attainments in similar courses.

Because of the disparity among different institutions in course titles and content, in marking standards, and in instructor quality, grade point average in preparatory programs will be significant only if the course content and environmental factors adequately reflect the field requirements (Tope, 1960:48). If candidates are expected to have special training specific to the position, then transcripts from training institutions become important.

In summary, academic transcripts are useful in selection if it is known that academic performance will be reflected in successful performance in the field. There is little to suggest that practice and theory have been closely related and consequently transcripts provide limited additional information.

Ability, Physical, and Personality Tests

Achievement, personality, and ability tests are related directly to predictive success potential and suitability of eventual placement. Fredericks (1979:21) felt that "without knowledge or proof of the candidate's ability to apply his knowledge, the success potential is low and placement is difficult."

While some authors indicate that only administrative positions require extensive testing to demonstrate their abilities, Fredericks (1979) and Tope (1960) prophesy that future selection techniques will increasingly be based on such testing. Houseman (cited in Tope, 1960:48) suggested that in the future most candidates will be subjected to a battery of objective tests which provide prognostic information in all of the following areas: intelligence, behavior patterns associated with leadership, health and energy capacity, skills of synthesis and organization, application of reasoning and procedures of decision making, and knowledge in functional content areas.

While educational and business organizations have tended to use written tests, the literature would suggest that no single test is accurate and that more than one should be used in each selection process (AASA, 1960:154). Tests of emotional stability and physical examinations seem to be used in screening or assessment centers and frequently in educational settings (NEA, 1958:149; Thigpen, 1978).

Gavin (1973) stated that predictive measures of job performance offered to the employer include aptitude tests, personality tests, intelligence tests, situational tests, and involved assessments of background histories. Such tests have been developed in an effort to find more objective means of measuring the applicant's qualifications.

Assumptions underlying test procedures are reported by Strauss (1967:466-70) as follows:

1) significant differences exist in the extent to which individuals possess certain characteristics;
2) a direct and significant relationship exists between the possession of a characteristic and the individual's ability to do certain jobs; and
3) selected characteristics can be measured without undue effort or cost and can be evaluated.

The conclusion based on these assumptions is that there is a high correlation between test performance results and job performance and therefore, high test scores on relevant variables in the preemployment situation will ensure a "good employee."

It sounds relatively simple then, for Fishbein (1967) suggested that accurate attitudinal measures are available and Strauss (1967) suggested that these measures can predict eventual job performance. The difficulty ensues when attempts are made to delineate characteristics of individuals and jobs.

Burton (1975) reveals that among those companies administering such tests to applicants, very little consensus is reached as to which test is truly predictive of future satisfaction. Burton further found that of those firms using formal selection tests, 93% failed to make any systematized attempt to relate

the qualifications being evaluated with those necessary for success on the job. He suggests an alternative of matching applicants and positions based on an analysis of personal job values.

Health agencies, while not making use of test batteries, have begun to employ questioning patterns and at times questionnaires in interviews to gauge the intrinsic motivational need patterns of the individual (Fredericks, 1979:21). Of late, a turn to assessment centers has been advised for management as psychological consultants have a variety of tests available and can provide interpretive services. This level of expertise may not be available within each employing agency.

Campbell et al. (1956:408) stated the following:

> as a means of improving the present practice in most places, tests can make a significant contribution ... where several relevant tests are used, however, and where the results are considered along with other appropriate measures, there is little doubt that selection with tests can be more valid than selection without tests.

While individual mental and ability tests present avenues for investigation and improved selection practices, not enough is known nor enough methodologies developed, that use in the field is practical from a resource perspective (cost, personnel for testing) at this time.

Field Checks

Field checks are used to view candidates on the job in which they are presently engaged or in a situational work setting in the proposed employment area. Rather than direct observation of the candidate in action, Houseman (cited in Tope, 1960:48) suggests personal conferences with persons having worked previously with the candidate. While this procedure is used extensively when considering employees for alternate positions within the same organization it has not been used to any extent in the health field when considering nurses for employment for a new area.

Some mention has been made of observational testing using situational simulations in order to judge the candidate in action. Such simulations would need to be developed based on identified work situations and possible conflicts

within the work setting. It is hoped that successful performance in simulations would predict successful performance in the real situation. No evidence in the literature was found to support this contention.

While field checks present reasonable means of assessing candidates within the organization for promotion, limited applicability is envisaged in the health unit setting. A relationship between student internship performance and potential for future hiring could be considered within field testing objectives, however, the student status does present conflicting expectations with employee job performance requirements.

Interviews

The interview, despite numerous suspicions as to its reliability, is thought by many to be the only method by which the personal characteristics and true nature of the candidate can be accurately identified (Webster, 1964). Opponents of the interview as to sole basis selection suggest that decisions made on this basis are founded on intuition or common sense, that biases are established early, and that cues as to the true nature of the individual cannot be specified and may not even be known to the interviewer (Mayfield, 1964). Interviews, then, are seen as relevant even though cautious use is suggested. No resolution of the basic issue of interview validity is anticipated.

Supervisors need to receive interview comments which are properly focused on valid and meaningful criteria. Martin (1971:359) identified ten criteria, ranked in order of importance, presumed to be of importance by a group of supervisors: (1) intelligence, (2) ability to communicate, (3) maturely directed energy, (4) ambition, (5) specific professional competence, (6) integrity, (7) attitude/personality, (8) creativity, (9) growth potential, and (10) references. All these criteria are to be assessed in the employment interview.

Martin (1971:362) claimed that attitudes, personalities, and personal philosophies are relatively immutable characteristics. They exist in all humans but in varying amounts. To avoid mismatches in employment, then, careful attempts must be made to unearth operational modes that are viewed as best suited to

the particular position.

Ordini (cited in Schwab, 1969:126) suggested that the interview, despite its limitations, is valuable in assessing motivational characteristics used to evaluate the "whole man." In order to increase the validity potential of interview assessments as predictive measures of job performance and satisfaction, numerous authors (Ofsanko and Paulson, 1977; Schwab, 1969; Wright, 1969; Carlson, 1967; Rusmore, 1968; Morgan and Cogger, 1973) have designed "how to" interview techniques.

Despite the wide variety of "how to" interview techniques and the massive research completed on selection interviews alone (Morgan and Cogger, 1973; Strauss, 1967; Marriner, 1976), the interview as commonly employed continues to be a weak link. McIntyre (1967:26) in his critique on screening procedures stated that:

> ... of all the rituals encumbering the selection process, interviewing is undoubtedly the hoariest, and the sorriest. Nothing in the research on selection methodology is so completely established and reportedly verified as is the unreliability of short interviews as they are usually conducted.

Others (Houseman, 1970; Marriner, 1976; Fredericks, 1979) believed that a focused interview conducted by a trained interviewer yields particularly relevant information both to the employer and the candidate. Marriner (1976) continued on to state that the interviewer judgements should be recorded as predictions of potential job performance and that ratings should be checked between interviewers.

As to who should conduct the interview, opinions vary. There appears to be an increasing trend to multiple interviewers or group interviews thereby spreading the responsibility for judgements made and allowing those to whom the candidate will later be accountable to have some say in the selection. It is hoped that this will increase person-position compatibility and make job placement much more efficient (Fredericks, 1979; Tope, 1960; Berglas, 1978; Swanberg and Knutson, 1979; Dale and Buley, 1978). Membership of the selection committees suggested vary in number and composition but it is generally thought that those persons with a stake in the decision should be included.

Interviews appear to be inevitable procedures in the selection process although considerable caution is urged as to their wholesale use. To improve interviews as valid, reliable instruments, the use of objective rating forms, structured questioning techniques, and committee structures have been suggested.

Internships

Tope (1960:93) noted that internships have often been used, particularly in the education field, in appraising potential leadership candidates. The definition commonly used limits the internship as a joint supervision effort between the training institution and the field school for a period of time ranging from three months to a year.

Nursing institutions provide such a period as part of the training curriculum with field posting in nursing specialty areas. Others see the probationary period during the first three to six months as an internship where candidates renew their student status and workloads are arranged to provide gradual introduction into community health experiences and responsibilities.

Internships are recommended in the literature for use as selection procedures allowing observation of work setting performance. A limitation exists in the definition of the internship period and the lack of consistency as to its presence within health organizations.

Summary

Several procedures have been reviewed as possible methods to use in a selection process specifically for the selection of community health nurses. No procedure is strongly recommended in the literature. Application forms, references, and even interviews receive some support with qualifications that methods such as rating scales be used to lessen the subjectivity of results. Only limited support is given for the use of academic transcripts, individual tests, and internships since their use is recognized as valuable yet not easily accomplished in the health unit setting. Field checks are not seen as relevant

TABLE II

Procedures Recommended in the Literature for Use in the Selection of Community Health Nurses

Procedure	Recommendations for Use			
	Strongly Recommended	Slightly Recommended	Limited Support	Not Recommended
Application forms		X		
References		X		
Academic transcripts			X	
Individual tests			X	
Field checks				X
Interviews		X		
Internships			X	

for extended use by health units (Table II).

These findings present the health unit with alternatives in selection procedural methodology. Application forms, references, and interviews should be used with adherence to the objective measures recommended. Individual tests and internships provide avenues for future growth in organizational selection practices in the health field and these should be followed up. If academic theory can relate more closely to field practices, some use of transcripts could be made although discrepancies across educational institutions would continue to relegate transcript use to adjunct information.

III. METHODOLOGY

This chapter contains a description of the research design used in the study. Included in the description is an outline of the procedures followed in constructing the instrument. Procedures used in the collection of data and data treatment techniques are described. Following this discussion on instrumentation, the characteristics of the respondents who participated in this study are presented.

A. INSTRUMENTATION

The instrument used in this study for the collection of data was a questionnaire entitled "Procedures and Criteria Used in Selecting Community Health Nurses" (Appendix A). The questionnaire was based on information gathered from the literature, from community health nursing practice, and from an earlier study on administrative selection by Peach (1963).

The initial form of the questionnaire was submitted to three groups of persons for suggestions and criticisms. A copy of the initial questionnaire is included in the appendix along with the letter of instructions to reviewers which accompanied the questionnaire. It was hoped that these criticisms would provide a broad evaluative background for the questionnaire. The groups requested to give criticisms included:

1) graduate students in the Department of Educational Administration for criticisms regarding the form and content of the questionnaire, the apparent validity of the questions, and a time study to discover average completion times;
2) professors in Educational Administration with specialty interests in research design, selection, and administration for criticisms in design, content, and format. Proposals for the study also accompanied the questionnaire in this grouping to discover whether the questionnaire did in fact deal with the proposed study problem and area; and

3) nurses including nursing educators, nursing supervisors presently inactive in Alberta, and community health staff nurses to find out if the questions were appropriate, readable, and specific to the community health unit setting.

A pilot study to test the clarity of the questionnaire within the population was deemed inadvisable as the total population of community health nursing supervisors would be used in the actual study.

The proposal was submitted to the Society of Public Health Nursing Supervisors for consideration, comment, and a recommendation for support from their membership for cooperation in the actual study.

The majority claimed that the criteria and procedures that would be used in selection could be adequately described by the questionnaire, that refinements for ease of answering must be undertaken, and that a minimal amount of time was required for completion. The final form of the questionnaire is provided in Appendix B.

Sources of Questionnaire Items

Part one of the questionnaire was designed for the purpose of collecting basic information from the respondents. Items considered important for this study were: location of the health unit, presence of a selection policy, written status of the policy, availability of the policy, presence of a job description, availablity of information and staff turnover in percentage and actual numbers experienced over the past fiscal year. With this information, it was then possible to draw a profile of the respondent units in terms of the selection process.

Part two of the questionnaire was designed to identify criteria normally used by the respondents in selecting community health nurses as well as their preferences among the criteria. Previous work by Peach (1963) was helpful in organizing the traditional criteria.

Part three of the questionnaire attempted to identify procedures used by respondents in the process of selecting CHN personnel. By using a four point

Likert-type scale, an attempt was made to find out not only if the procedures were used but how consistently each procedure was used and the importance attached to each by the respondents.

Part four of the questionnaire contained elements on satisfaction with the present total selection process and with the information gained from its use as a prediction of employee job performance, satisfaction, incorporation into the nursing team, and longevity of employment.

Questionnaire Format

In designing the questionnaire a number of factors were taken into account. The major concern was to find out what process the respondents actually used in the practice of selection at this point in time, and what importance they attached to specific criteria and procedures. This was accomplished in part two by identifying the criteria and ranking their importance, and by the use of the Likert-type scale in part three.

A second concern was that of satisfaction with the criteria and procedures as well as the overall process. This was accomplished by identifying preferences for criteria, the use of open ended questions as to further criteria, and evaluation of the overall process.

Other structuring concerns involved facilitating the transfer of data collected from the instrument to data cards for computer processing and the need to create an instrument that was comprehensive yet relatively easy to complete.

The Population

The population chosen was related to the design of the study and included all health units - rural and urban - in the province of Alberta. Questionnaires were directed to the Nursing Supervisors (as defined) as not all of the health units surveyed employ their own Medical Officer of Health and Nursing Supervisors were routinely given responsibility for procuring adequate

nursing staff. A list of all senior nursing personnel was obtained through the Society of Community Health Nursing Supervisors and appropriate respondents were identified from this listing.

The population is admittedly small – 27 rural health units and two major urban systems having 20 health clinics under their jurisdiction but considered as 2 health units for response purposes. This, however, represents the total population of 29 community health units in the province of Alberta.

Data Collection

The data were collected from the members of the population by use of a questionnaire. In order that reminders could be sent, and the returns monitored, the questionnaires were numbered according to the names of the supervisors on the list. To facilitate returns a self-addressed stamped return envelope was enclosed with each questionnaire.

Originally 48 questionnaires were mailed out, one to each Nursing Supervisor whether in a rural health unit or an urban health clinic. It was discovered that the urban health clinic Supervisors do participate in the selection process but that one Nursing Supervisor is responsible in each urban system for initial selection and short listing. The final selection is made in concert with the Supervisor of a health region. It was confirmed that one questionnaire should be completed by the Supervisor responsible in each urban system and the remainder of the questionnaires destroyed. This change reduced the total population to 29 health units – 27 rural and 2 urban.

The questionnaires were mailed to respondents early in May 1980 with a request that replies be received no later than June 7, 1980. By the end of May, two thirds of the survey population had returned the questionnaire. In order to improve the rate of returns a reminder letter, together with an additional questionnaire was mailed to those respondents whose replies had not been received. The use of the reminder increased the rate of return to 89.4%. Only four replies were not received and one reply was rejected as a temporary replacement supervisor did not feel competent to complete the

questionnaire. All replies received were adequately completed and no additional instruments were rejected.

Treatment of the Data

The data obtained from the 24 usable questionnaires were compiled in tabular form and transferred to data cards for processing.

A program was selected, wih the assistance of C. Prokop, to utilize descriptive statistics in the examination of the data to provide frequencies and distributions for the profile data, the selection criteria, the procedures, and respondent satisfaction. Open ended questions were reviewed and analyzed individually by the writer.

To examine the differences between rural and urban health unit systems, the data program was rerun for the rural respondents only, and a visual comparison was made between the 22 rural health units and the 2 urban Units. The responses for all variables were examined and any discrepancies or variances in response noted.

IV. CHAPTER FOUR

A. ANALYSIS OF DATA

Population Profile

The study population consisted of 27 rural health units and two urban health units, these two representing an additional 20 health clinics. Five rural health units did not reply leaving the study population at 24 health units. Size of the units varied with the number of full-time equivalent nurses employed being ten or fewer in 13 (54.2%) health units, between 11 and 20 in seven health units, between 21 and 30 in two health units, while the urban systems each employed in excess of 31 nurses (Table III).

TABLE III

Nurses Employed in Alberta

Health Units

Number of Full Time Nurses Employed	Health Units	
	Frequency	Relative Frequency
1 - 10	13	54.2%
11 - 20	7	29.2%
21 - 30	2	8.3%
31 plus	2	8.3%

The percentage of nursing turnover experienced in the past fiscal year was reported as under 10% in nine of the health units, between 10 and 19% in four health units, and between 20 and 29% in eight health units. One health unit experienced between 30 and 39% turnover, one between 40 and 49% turnover, and one in excess of 50% nursing turnover on an annual basis (Table IV).

TABLE IV

Nursing Turnover During the
Immediately Preceding
Fiscal Year

Percentage of Nursing Population Terminated	Health Units		
	Frequency	Relative Frequency	Cumulative Frequency
Less than 10%	9	37.5%	37.5%
10 - 19	4	16.7%	54.2%
20 - 29	8	33.3%	87.5%
30 - 39	1	4.2%	91.7%
40 - 49	1	4.2%	95.8%
50 plus	1	4.2%	100.0%
Total	24	100.0%	

As to the actual number of nurses terminating employment with the health unit, (Table V), 90% of the health units (18) reported an annual turnover of under five nurses with two units reporting a turnover of 22 and 27 nurses respectively.

TABLE V

Actual Numbers of Nurses Terminated in the Past Fiscal Year

Number of Nurses Terminated	Health Units		
	Frequency	Relative Frequency	Cumulative Frequency
1	6	25.0%	25.0%
2	7	29.2%	54.2%
4	4	16.7%	70.8%
5	1	4.2%	75.0%
22	1	4.2%	79.2%
27	1	4.2%	83.3%
No response	4	16.7%	100.0%
Total	24	100.0%	

In almost 80% of the total turnover situations the termination of employment was initiated by the individual nurse rather than the health unit (Table VI).

TABLE VI

Source of Nursing Termination Initiations

During the Past Fiscal Year

Source of Initiation	Reporting Health Units		
	Frequency	Relative Frequency	Cumulative Frequency
Individual nurse	19	79.2%	79.2%
Agency	1	4.2%	83.3%
No response	4	16.7%	100.0%
Total	24	100.0%	

In reviewing the above findings, it is suggested that the health unit nursing staff represents a relatively stable working force, the larger percentages in nursing turnover being indicative of small nursing staffs rather than high turnovers.

Written Policies

Peach (1963) reports that most writers on selection state that well defined, explicit selection policies based on defensible criteria are necessary to ensure an adequate supply of acceptable candidates. An assumption appears to be that policies can only be explicit and defined if they are written and available to all staff members.

Of the health units surveyed, fourteen out of the twnty-four (58.4%) had a selection policy for community health nurses, three (12.5%) having a completely written policy (Table VII). Another six (25%) had policies that were mostly written, and five (20.8%) reported their policies as mostly unwritten.

TABLE VII

Written Status of Selection Policies

in Alberta Health Units

Written Status	Health Units		
	Frequency	Relative Frequency	Cumulative Frequency
All written	3	12.5%	12.5%
Mostly written	6	25.0%	37.5%
Mostly unwritten	5	20.8%	58.3%
Unwritten	10	41.7%	100.0%
Total	24	100.0%	

Ten (41.7%) of the health units had unwritten or no policies and therefore had no availability to nursing staff or applicants. Of the written policies, regardless of the extent, thirteen (54.2%) made these policies available to their nursing staff and eleven (45.8%) made them available to applicants (Table VIII).

TABLE VIII

Availability of Written Selection Policies

Availability Characteristics	Health Units	
	Frequency	Relative Frequency
Available to nursing staff	13	54.2%
Available to applicants	11	45.8%
Unwritten - not available	10	41.7%

A general conclusion from the above responses would suggest that the majority of health units differ from the practice recommended in the literature with respect to providing written policies.

Performance Criteria

In addition to defined selection policies, written performance criteria specific to the position of community health nurse suggest an organized and explicit selection process since it might be expected that the position would be further defined and applicant characteristics could more successfully be matched to position requirements.

Only 16 health units had written performance criteria for the position of community health nurse. (Table IX). These were made available to the nursing staff but were restricted in their availability to applicants for positions. This restriction usually limited the availability to the interview setting.

TABLE IX

Presence and Availability of Written Performance Criteria for Position of Community Health Nurse

Characteristics (Affirmative)	Health Units	
	Frequency	Relative Frequency
Presence of written criteria	16	66.7%
Available to nursing staff	17	70.8%
Available to applicants	13	54.2%

B. SELECTION CRITERIA

The purpose of this section is to present a descriptive analysis of the various criteria involved in the selection of community health nurses as employed by health units in the province of Alberta. Comparisons will be made among the apparent selection policies of the health units, and the relationship between practice and the literature.

Age

Twenty-two health units (91.7%) reported that they use no age criterion when selecting community health nurses although thirteen (54.2%) stated that they had age preferences, these being stated as ranging from 25 to 50 years of age (Table X).

TABLE X

Age Criterion Characteristics in Existing Selection Practices

	Specified Age Limits		Preferred Age Limits	
	Health Units		Health Units	
Response	Frequency	Relative Frequency	Frequency	Relative Frequency
Yes	1	4.2%	13	54.2%
No	22	91.7%	11	45.8%
No response	1	4.2%	0	0 %
Total	24	100.0%	24	100.0%

Because of the new human rights legislation banning discrimination because of age, no health unit has a definite age criterion. One must look at previous literature to note preferences and in the business sector the age range preference has been traditionally recommended at 25 to 45 years. No positions are specified and it is assumed that the age ranges are recommended for most positions.

In a report issued in 1977 on CHN manpower status, Moore (1977:7) stated that the community health nurses studied in Alberta were generally younger than other CHN's in Canada. Her figures indicated that 35% of the nurses were under the age of 30 and another 16% over the age of 50 years. This would appear to extend the recommended age range but remains fairly consistent with both the literature and preferences of Nursing Supervisors. It is noted, by the writer, that whereas the above findings refer to nurses already employed, a difference may exist as to nurses recently employed or considered for employment.

Sex

No health unit reported the use of sex as a criterion and this is again consistent with the recent human rights legislation on discrimination in employment. Nine (37.5%) of the Supervisors reported a preference for female nurses, none reported a preference for males, and fifteen (62.5%) reported no preference (Table XI).

Nine Supervisors found some areas where a male nurse might be preferred over a female nurse, these being in "isolated areas," "with geriatric male patients," and "in home care." Fifteen (62.5%) reported occasions where female nurses were preferred, these areas being "maternal-child counselling" and "prenatal classes."

TABLE XI

Sex Criterion Characteristics in

Existing Selection Practices

Characteristics	Health Units	
	Frequency	Relative Frequency
Criterion used in selection	0	0.0%
Preference for female nurse	9	37.5%
Preference for male nurse	0	0 %
No sex preference	15	62.5%
Total	24	100.0%

Nursing has traditionally been a female occupation and as such little has been noted in the literature regarding male nurses. As one Supervisor put it, "I don't know how I feel about it (employing male nurses), I've never had one apply." While differences exist in other professions as to male-female role preference, particularly in reference to administrative positions, until more males enter the community health nursing field reasonable comparisons will be difficult to make.

Experience

Eighteen (75%) Nursing Supervisors did not require community health nurses to have nursing experience, either in the general field or specific community health practice (Table XII).

TABLE XII

Experience Criterion Characteristics

in Existing Selection Practices

	Health Units			
	Nursing Experience		Community Health Experience	
Experience (years)	Frequency	Relative Frequency	Frequency	Relative Frequency
Specified experience	6	25.0%	2	8.3%
No stated amount	16	66.7%	18	75.0%
1 - 2 years	2	8.3%	2	8.3%
3 - 5 years	0	0 %	0	0 %
Over 5 years	0	0 %	0	0 %
Total	24	100.0%	22	91.6%

Of those who required experience, 1-2 years was reported as necessary in both fields. Preferences for experience, as reported in open-ended questions, followed suit with a range of 1 to 5 years of general nursing experience (the mode being 1-2 years), and 0 to 3 years of community health nursing experience being preferred.

This appears to follow the literature on community health nursing education as being an experiential learning process; the abilities lying within the individual nurse. While experience may develop and strengthen these abilities, they are either there or not; therefore experience is not demanded, the nurse can be exposed to learning situations. On the other hand, nursing experience is preferred such that the candidate has already developed and proven capabilities and to some extent resolved the "reality shock" experienced in assuming a new

work role.

Basic Educational Preparation

Minimum education required at the time of appointment was listed at an RN or equivalent level by seventeen (70.8%) of the health units with seven (29.2%) requiring an RN plus diploma as minimum educational preparation. This varied somewhat from the preference for educational level where sixteen (66.7%) preferred a baccalaureate degree, five (20.8%) preferred an RN plus diploma, and two (8.3%) preferred the RN status (Table XIII).

TABLE XIII

Basic Educational Preparation Criterion Characteristics in Existing Selection Practices

Education Level Characteristics	Health Units			
	Education Required		Education Preferred	
	Frequency	Relative Frequency	Frequency	Relative Frequency
No minimum preparation	0	0 %	0	0 %
RN or equivalent	17	70.8%	2	8.3%
RN plus diploma	7	29.2%	5	20.8%
Bacculaureate degree	0	0 %	16	66.7%
Masters degree	0	0 %	0	0 %
Total	24	100.0%	23	95.8%

Only six (25%) health units required candidates to have taken courses in community health while eighteen (75%) preferred candidates to have taken such courses (Table XIV).

TABLE XIV

Requirements for Community Health Nursing Courses

	Community Health Nursing Courses			
	Required		Preferred	
Health Unit Response	Frequency	Relative Frequency	Frequency	Relative Frequency
Yes	6	25.0%	18	75.0%
No	18	75.0%	1	4.2%
No response	0	0 %	5	20.8%
Total	24	100.0%	24	100.0%

The above figures appear consistent with the dilemma facing health unit Supervisors and community health educators regarding educational qualifications of CHNs. There appears little agreement as to what minimum standards are necessary for community health nursing even though an obvious desire that nurses in the field have some additional preparation in the conceptual and scientific areas of community health was demonstrated.

Scholarship

Scholastic achievement was considered a factor in selection in only one health unit and sometimes considered in an additional ten units (Table XV). Twenty (83.3%) Supervisors stated that nurses were not required to have achieved a specific level of scholastic achievement in their educational preparation but thirteen (54.2%) had some preference for that achievement.

TABLE XV

Scholastic Achievement Criterion Characteristics in Existing Selection Practices

Characteristic	Frequency-Health Unit Response		
	Yes	No	Sometimes
Scholastic achievement criterion used	1	13	10
Scholastic achievement level specified	2	20	2

No conclusions could be reached regarding the importance of scholastic achievement as a criterion in the literature for it was suggested that courses, marking procedures, and circumstances varied sufficiently to make comparisons irrelevant. It does appear, however, that both the literature and the health units do not favor the use of scholastic achievement as a selection criterion.

Intelligence

No health unit considers IQ when considering CHN applicants with six (25%) preferring candidates to have at least "average" intelligence. No literature research was available on intelligence quotients required for nursing candidates although some literature notes that administrative or positions requiring leadership qualities should have superior intelligence or an IQ of 120. Community health nurses are thought to require independence and leadership abilities and therefore implications can be drawn with respect to the IQ desired of applicants. If CHNs do in fact possess leadership and administrative abilities and are required to be leaders, then higher IQ may indeed be necessary. Health units do not consider IQ to any extent and therefore consideration of the requirement for high IQ is spurious.

Knowledge

Twenty (83.3%) of the Nursing Supervisors reported that candidates were required to have a broad general knowledge of nursing theory and practice yet it was unspecified as to how this level of knowledge could be measured (Table XVI).

Only eleven (45.8%) health units felt a good knowledge of community health nursing was required, again unmeasured by written tests. Preferences as to knowledge base showed sixteen (66.7%) desiring a good knowledge of both general nursing theory and practice and community health nursing while five (20.8%) desired a good knowledge of community health nursing over general nursing theory and practice.

Education and knowledge components of community health nursing courses have been tackled repeatedly in the nursing literature. No agreement exists as to content or teaching methodology. While some specialty knowledge in behavioral and biological sciences is seen as particularly relevant to community health, most administrators and practitioners felt a broad knowledge of nursing theory and practice should be sufficient. This confusion as to desirable

educational preparation is reflected in the disparity between required and preferred knowledge components as well as in practices among the respondents.

TABLE XVI

Knowledge Criterion Characteristics

Characteristics of Knowledge Area	Knowledge			
	Required		Preferred	
	Frequency	Relative Frequency	Frequency	Relative Frequency
General nursing theory and practice	20	83.3%	2	8.3%
Community health nursing	11	45.8%	5	20.8%
Both specified	--	--	16	66.7%
No preference specified	--	--	1	4.2%

Licensure

All 24 responding health units required and preferred candidates for community health nursing positions to have licensure eligibility in the AARN (Alberta Association of Registered Nurses). No available literature was found on professional organization licensure yet it appears as a definite criterion in CHN selection.

Personal Factors

Personal factors are frequently cited as influential in candidate selection yet, because of their totally subjective nature they are difficult to evaluate. In order that the reader gain some comprehension of the value placed on specific personal factors, Table XVII has been designed to show the frequency of respondents rating each factor as to whether it is essential, important, useful, or not necessary in the performance of community health nursing.

TABLE XVII

Ratings of Personal Factors as Related to Performance in Community Health Nursing Positions

Factor	Frequency of Rating by Respondents			
	Essential	Important	Useful	Not Necessary
Ability to get along with people	23	1	0	0
Ability to get along with coworkers	15	8	1	0
Leadership	2	17	5	0
Organizing and executive ability	5	15	4	0
Tact and diplomacy	16	8	0	0
Good judgment and common sense	22	2	0	0
Active participation in pref. organizations	0	10	13	1
Interest in and liking for children	11	12	1	0
Interest in and liking for geriatrics	7	16	1	0

TABLE XVII

(continued)

Factor	Frequency of Rating by Respondents			
	Essential	Important	Useful	Not Necessary
Ability to teach	11	12	1	0
Poise and emotional stability	14	10	0	0
Appearance	4	18	2	0
Good health	11	12	1	0
Interest in community affairs	1	15	8	0
Sense of humor	8	11	5	0
Initiative and willingness to work	16	7	1	0
Assertiveness	2	16	5	1
Physical fitness	3	18	2	1
Responsibility and accountability	20	4	0	0
Integrity	20	4	0	0
Ability to communicate	18	6	0	0
Creativity	2	13	9	0
Commitment	11	13	0	0
Empathy	11	12	1	0
Self-awareness	11	10	3	0
Maturity	15	8	1	0

Overall, the ability to get along with people was ranked as the single most important personal quality. Others that were frequently mentioned in the top five most important qualities were: good judgment and common sense, ability to communicate, responsibility and accountability, initiative, poise, and integrity.

All personal factors were considered important by some respondents. Active participation in professional organizations, assertiveness, and physical fitness were the only factors rated not necessary for CHNs and then only by one respondent.

Relative Importance of Selection Criteria

Table XVIII shows the comparative importance accorded to each of the selection criteria by Nursing Supervisors. Given two choices as to the most important criteria to them when considering personnel for community health positions, overall importance was derived by adding the frequencies of mention. No specification was made regarding the ranking of the two choices in the question. Totals were then ranked as to overall importance to the Nursing Supervisors. Using this method, personal factors were considered to be of the most importance with basic educational preparation and breadth of knowledge listed as second.

Similarly when considering which criteria were of least importance in selecting community health nurses, Nursing Supervisors reported age and sex criteria as being of minimal importance.

TABLE XVIII

Importance Accorded Selection Criteria

Criterion	Most Important			Least Important		
	Choice 1	Choice 2	Cumulative Total	Choice 1	Choice 2	Cumulative Total
Age	0	0	0	18	0	18
Sex	0	0	0	6	15	21
Experience	8	0	8	0	1	1
Basic educational preparation	8	2	10	0	1	1
Scholastic achievement	0	0	0	0	3	3
Intelligence	2	0	2	0	0	0
Licensure	3	2	5	0	0	0
Personal factors	3	11	14	0	0	0
Physical fitness	0	0	0	0	3	3
Breadth of knowledge	0	9	9	0	0	0

Summary

In reference to Table XIX regarding the selection criteria used by the health units in the selection process, one can see that the health units do not use age, sex, and intelligence as criteria in any major way. Instead, the health units used basic educational preparation and experience minimally, and used licensure eligibility and personal factors unanimously.

TABLE XIX

Criteria Used in the Selection

of Community Health Nurses

Criteria	Frequency of Use		
	Yes	No	Sometimes
Age	1	22	0
Sex	0	24	0
Experience	6	18	0
Basic educational preparation	0	17	7
Scholastic ability	1	13	10
Intelligence	0	24	0
Licensure	24	0	0
Personal factors	24	0	0
Physical fitness	21	1	2
Breadth of knowledge	20	4	0

A high degree of agreement appeared evident on the relative importance allocated to the nine criteria studied. While additional criteria were suggested, no common agreement was shown. Additional written comments suggested that availability or residence within the health unit area was important and that some consideration was given to the congruency or complementarity between the Supervisor's leadership style and the candidate's acceptance of that style. Nursing Supervisors were requested to identify the criteria considered to be of most importance to themselves when they selected personnel for community health positions. Importance of the identified criteria would be related to the reported use of the particular criteria.

C. SELECTION PROCEDURES

The purpose of this section is to present a description of the various procedures used by health unit Nursing Supervisors in the selection of CHN personnel in Alberta. The means of determining the qualifications candidates are required to meet, the identification of candidates, and the procedures used in the selection process will be discussed and a comparison made to the selection process in literature.

Identification of Candidates

A distinction must be made between identification and the final selection of candidates. Identification, as used, will refer to the process by which the identity of possible candidates is secured while selection will refer to the act whereby a candidate is selected and accepted for employment.

Table XX refers to the manner by which Nursing Supervisors/ health units identified potential candidates. Applications received as a result of advertising appears to be the method of choice among health units although occasional use is made of personal contact between the health unit and nursing education institutions and CHNs employed in other health units. Application reception is a form of self-identification by the candidate and represents the

most common method of identification not only in health units but throughout the literature.

TABLE XX

Methods by Which Candidates for CHN Positions Were Identified

Method	Frequency Used			
	Always	Frequently	Occasionally	Never
Applications received as a result of advertising	13	8	2	1
Requesting names of potential candidates from nursing institutions	0	2	8	6
Contacting nurses employed in other health units	1	3	6	7
Other*	6	3	3	1

* Included requesting names from provincial files (3), self-referral (4), staff member referral (3)

Health units varied in their attempts to identify candidates prior to actual need (Table XXI). A total of twenty (83.3%) of the health units on some

TABLE XXI

Identification of Candidates for Community Health Nursing Positions

Identification Method	Frequency of Use				
	Always	Frequently	Occasionally	Never	No Response
Applications from advertising	13	8	2	0	1
Names from nursing schools	0	2	8	6	8
Contacts made in other units	1	3	6	7	7
Alternate identification	6	3	3	1	11
Prior to actual need	7	6	7	3	1
Candidate list kept on file	12	3	4	4	1
Student identification	1	3	5	13	2

occasions, made prior identification, however only seven (29.2%) made a regular practice of this. Thirteen (54.2%) never identified potential candidates from nursing schools and no active recruitment programs were in use. In twelve (50%) of the health units, Nursing Supervisors reported that a suitable list of candidates was retained on file from year to year. The extensiveness of this list was not specified nor was it investigated how frequently the lists were updated.

Recommendations from the literature appear to emphasize the importance of prior identification of candidates, the retention of accurate candidate lists, and the necessity for active recruitment programs. At least 50% of the health units do not meet these recommendations.

Qualification Determination

Determining the qualifications of a candidate regardless of the position to be considered has always been a major administrative and selection task. Who should be involved? Who should make the final decision?

Table XXII indicates that there is a high agreement that Medical Officers of Health and Nursing Supervisors are involved in determining qualifications and also that Executive Secretaries and consumers of service are not involved in such determinations. The process appears local in nature with no provincial agreement as to who indeed should set qualifications required of CHN candidates. It is also multiple in terms of membership; no one person is given full authority to set qualifications within a Health Unit area.

Committees, when used, were constituted of board members, Medical Officers, Nursing Supervisors, and rarely by community health nurses themsleves. This follows other selection practices where incumbents of like positions are not included in the qualifications committee. The qualifications of a CHN may be analyzed by a committee in terms of the requirements of a particular assigned area, on a health unit basis, or on a provincial basis.

TABLE XXII

Persons (Positions) Responsible for Determining Qualifications of CHN Candidates

Person	Frequency of Involvement			
	Always	Frequently	Occasionally	Never
Local Board of Health	2	1	1	4
Health Unit Board	7	2	5	1
Medical Officer of Health	13	5	0	1
Nursing Supervisor	17	3	0	1
Community Health Staff Nurses	3	2	4	4
Executive Administrative Secretary	0	0	2	7
Other*	2	0	1	1

* Includes: Home Care Coordinator(1), United Nurses Association (1), Community Health Services(1)

From Table XXIII it appears that qualifications were rarely (in three health units), if ever (in six health units) determined provincially; always or frequently (in twelve units) on a health unit basis, and often (in fifteen health units) on an individual area basis.

TABLE XXIII

Qualification Determination: On What Basis?

Basis	Frequency Used			
	Always	Frequently	Occasionally	Never
Provincial	0	0	3	6
Health Unit	6	6	1	1
Individual Assigned Area	10	5	1	1

Because of these tendencies, it appears logical that qualification determination occurs by locally constituted committees and that considerable diversity in total membership could occur because of the needs of the health unit or individual area.

The literature tends to suggest a broad based, multiple membered qualifications committee to allow maximum input regarding qualifications that reflect realistic requirements. While some additional input may be gained from outside committees as currently constituted, membership does not reflect such diversity. In this respect, health unit practices appear to differ from suggestions in the literature -- committees, if used are small and do not reflect the stakeholders for the decisions made as to qualifications required in the field.

Methods of Selection

Once qualifications of the ideal candidates have been determined and the selection procedures established, there are still the important tasks of identifying and processing the candidates and making the final selection decision. Nineteen (79.2%) of the Nursing Supervisors reported that more than one person was always considered when a CHN vacancy existed and an additional four (16.7%) reported that frequently more than one nursing candidate was considered.

The Medical Officer of Health was responsible or involved in the final selection in sixteen (66.7%) of the health units whereas the Nursing Supervisor was accorded such responsibility in twenty (83.3%) of the units. Refer to Tables XXIV and XXV for comparisons between Medical Officer of Health and Nursing Supervisors as final decision makers in CHN selection.

TABLE XXIV

Medical Officer as Final Decision Maker

Regarding CHN Candidates

Allocation of Decision Making to M.O.H.	Health Unit Practice		
	Frequency	Relative Frequency	Cumulative Frequency
Always	7	29.2%	29.2%
Frequently	5	20.8%	50.0%
Occasionally	4	16.7%	66.7%
Never	6	25.0%	91.7%
No Response	2	8.3%	100.0%
Total	24	100.0%	

TABLE XXV

Nursing Supervisor as Final Decision Maker

Regarding CHN Candidates

Allocation of Decision Making to Nursing Supervisor	Health Unit Practice		
	Frequency	Relative Frequency	Cumulative Frequency
Always	13	54.2%	54.2%
Frequently	5	20.8%	75.0%
Occasionally	2	8.3%	83.3%
Never	2	8.3%	91.7%
No Response	2	8.3%	100.0%
Total	24	100.0%	

Six (25%) of the health units did not use a selection committee in processing candidates, the responsibility apparently resting entirely with a single person, either the Medical Officer or Nursing Supervisor (Table XXVI).

TABLE XXVI

Use of Selection Committees

Health Unit Practice	Selection Committee Use		
	Frequency	Relative Frequency	Cumulative Frequency
Always	12	50.0%	50.0%
Frequently	3	12.5%	62.5%
Occasionally	2	8.3%	70.8%
Never	6	25.0%	95.8%
No Response	1	4.2%	100.0%
Total	24	100.0%	

However, seventeen (70.8%) of the health units did make use of such a committee. These committees varied in composition. It is noteworthy that when committees are used, the Nursing Supervisor was most frequently a member (in seventeen health units), as was the Medical Officer (in eleven units). The remainder of the committee membership varied (Table XXVII).

TABLE XXVII

Composition of Committees Used for

Selecting Community Health Nurses

Committee Member	Frequency of Involvement			
	Always	Frequently	Occasionally	Never
Local Board of Health member(s)	1	0	0	2
Health Unit Board member(s)	2	0	1	2
Medical Officer of Health	11	4	2	0
Nursing Supervisor	17	0	0	0
Executive Administrative Secretary	3	2	0	1
Other*	3	3	0	1

* Includes: Associate Director of Nursing, Home Care Coordinator, local community health nurse

The literature suggests that committees should be used in processing candidates and that such committees should be reflective of the subsequent work environment, i.e., significant persons to whom the employee will subsequently be responsible should be actively involved in the selection process. Yet in six (25%) of the health units no selection committee was used and in the remainder, committee membership was not standardized. Since the Nursing Supervisor would provide the greatest single subsequent administrative and evaluative duties, the committee, (if she was included as was ususally the case), would partially meet recommendations. However, present practice does not achieve the broad basis of input and sharing of decision making in selection that has been advocated in recent nursing literature.

D. Selection Procedures

Application Forms

In twenty-three (95.8%) of the reporting health units, application forms constituted part of the selection process (Table XXVIII). Application forms used are standardized (in twenty-three health units), but only in seven units are they specific to the position of community health nurse. Resumes or curriculum vitae are always required in nine (37.5%) units, frequently in seven (29.2%) units, and occasionally in four (16.7%) health units. Fifteen (62.4%) health units do not include a written essay question on the application form and of those that do, questions tend to involve additional comments by the candidates of a self-selected nature or "reasons why they (the candidate) want the position."

Application forms are generally used to provide the employer with information regarding the candidate's background. If standardized forms are used, relevant information should be available, and should be able to be subjected to comparison with other candidates.

As most health units employ the use of standardized forms, it appears that such comparisons could readily be made. However, only a minority of these forms are specific to the position being considered; therefore the information gathered from them may not be maximally relevant or significant for comparative purposes.

TABLE XXVIII

Application Form Characteristics

Characteristic	Used by Health Units				
	Always	Frequently	Occasionally	Never	No Response
Used as selection provedure	23	1	0	0	0
Standardized	23	1	0	0	0
Specific to CHN position	7	0	0	17	0
Resumes required	9	7	4	4	0
Use of written essay question	6	0	3	15	0
Essay topic specified	9	15	0	0	0

Interviews

Twenty-two (91.7%) health units used interviews as part of the selection process; two (8.3%) health units reported that interviews were frequently employed (Table XXIX).

TABLE XXIX

Personnel Responsible for Interviewing CHN Candidates

Personnel	Frequency of Involvement			
	Always	Frequently	Occasionally	Never
Local Board of Health member	0	1	0	2
Health Unit Board member	1	2	1	3
Medical Officer of Health	10	7	2	1
Nursing Supervisor	21	3	0	0
Executive Administrative Secretary	2	2	0	2
Community Health Nurse	0	1	1	4
Other*	3	3	0	1

* Includes: Home Care Coordinator, Assistant Nursing Suerpvisor(s), Director

The Nursing Supervisor was always (21) or frequently (3) responsible for interviewing candidates while the Medical Officer of Health was always (10), frequently (7), or occasionally (2) involved.

A prepared rating form was used in the interviewing process in only eight (33.3%) health units (Table XXX).

TABLE XXX

Use of Prepared Rating Form

in Selection Interview

	Prepared Rating Form Use		
Health Unit Use	Frequency	Relative Frequency	Cumulative Frequency
Always	4	16.7%	16.7%
Frequently	2	8.3%	24.0%
Occasionally	2	8.3%	33.0%
Never	16	66.7%	100.0%
Total	24	100.0%	

The literature review found that while interviews are a popular selection procedure, caution should be exercised in their use and judged merit. Trained interviewers, group techniques, and rating forms have been suggested as methods by which interviews can be made more reliable. Nursing Supervisors, through experience in their positions, could possibly become efficient interviewers, however multiple judgements are recommended in order to more accurately assess candidate abilities and to reduce the effects of personal

biases, and the lack of interviewer training. The fact that CHN candidates are often interviewed only by the Nursing Supervisor suggests a discrepancy between practice and the literature with respect to the use of the interview.

Recommendations and References

Letters of recommendation or reference were reported as always being a part of the selection process in seventeen (70.8%) of the health units and frequently used in five (20.8%) additional units (Table XXXI). References were requested from all applicants in fifteen (62.5%) of the units, frequently in two (8.3%), and occasionally in four (16.7%). Only two health units never requested reference letters.

Letters were forwarded by the applicant to the requesting agency always in one health unit and frequently in another, and in ten (41.7%) units on an occasional basis. Only two health units reported that references were never forwarded by the applicant. However, when asked if references were confidential, and sent directly to the health unit by the person making the recommendation, fifteen (62.5%) stated this as routine practice, six (25%) as frequently happening, and two (8.3%) as occasionally occurring.

Only eight (33.3%) used a standard format for letters, two frequently did, and two occasionally did. Eleven (45.8%) health units reported that a standard format was never used. A total of three health units had at some time used a rating scale in their letters but nine (37.5%) used anecdotal notes as a format. Referees were always contacted by phone in four (16.7%) units, frequently in five (20.8%), and occasionally in twelve (50%). In only one health unit was this practice never followed. Reference letters were requested mainly from previous employers.

The literature recommends letters of reference only if they are confidential, if they are structured, if the referee is known, and if followup by telephone is practiced. Reference letters are said to be valuable only if they

TABLE XXXI

Recommendations and References Characteristics of Selection Practices

Characteristic	Use by Health Unit				
	Always	Frequently	Occasionally	Never	No Response
Used as selection procedure	17	5	1	0	1
Requested from all applicants	15	2	4	2	1
Letters forwarded by applicant	1	1	10	2	10
Letters confidential	15	6	2	0	1
Use of a standard format	8	2	2	11	1
Use of rating scales	1	1	1	1	20
Use of anecdotal notes	7	2	0	1	14
Referees contacted by phone	4	5	12	1	2

contain negative comments regarding the candidate or if the referee is known well enough for the prospective employer to read between the lines. What is not said is often considered more important than what is written.

Yet letters of reference continue to be a popular selection procedure as evidenced by the fact that twenty (91.7%) health units made them a part of their selection process. Because letters for most of the units are not routinely confidential, not standardized, and not always followed up by telephone, based upon the literature their value in the selection process may be questioned.

Field Checks

TABLE XXXII

Personnel Responsible for Making Field Checks on CHN Candidates

Personnel	Frequency of Involvement			
	Always	Frequently	Occasionally	Never
Medical Officer of Health	1	1	2	0
Nursing Supervisor	5	1	1	1
Community Health Nurse	0	0	3	2
Other*	0	0	0	2

Field checks or evaluation observations were always used in only one unit, and frequently used in another. Two units (8.3%) reported they were never used and twenty (91.7%) reported they were not applicable to their situation in selection (Table XXXII). When used, however, the person most often involved was the Nursing Supervisor.

While this procedure has been strongly recommended in the literature it has not been used in occupations such as nursing in any but administrative position consideration. On the job assessment is recommended to be done by as many persons relevant to the new position as possible to obtain multiple judgements and enhance selection and placement. As the Nursing Supervisor would be the most familiar with the position, she is perhaps best representative of the health unit in this procedure. However multiple judgements are favored and the persons selected to be involved vary.

Internship and Probationary Periods

Twenty (83.3%) health units reported the regular use of an internship or probationary period; one reported frequent use, and one reported occasional use of this procedure (Table XXXIII). Only two health units reported that the procedure was never used.

On the basis of the 20 brief descriptions submitted, it would appear that none of these would qualify as an internship, all being probationary programs lasting from the most common three month period to one year for which time the nurse was given orientation, instruction, supervision, and evaluation.

In comparison with the literature, actual practice does not follow recommendations. Many writers viewed internships as a period with some training input but more so as a part of selection. The probability of a CHN position appointee being rejected in the probationary period appears minimal, the actual selection having already been accomplished.

TABLE XXXIII

Use of Internships/Probationary

Periods in Selection Process

Frequency of Use	Health Units		
	Frequency	Relative Frequency	Cumulative Frequency
Always	20	83.3%	83.3%
Frequently	1	4.2%	87.5%
Occasionally	1	4.2%	91.7%
Never	2	8.3%	100.0%
Total	24	100.0%	

Assessment of Academic Transcripts

Academic transcripts as assessments of a candidate's scholastic ability and educational preparation were never used in 11 (45.8%) of the health units (Table XXXIV). Only three health units reported the transcripts were always used, and 9 (37.5%) reported occasional usage. Only nine health units ever requested academic transcripts from candidates.

TABLE XXXIV

Academic Transcripts Characteristics in Selection Practices

Characteristic	Use by Health Unit				
	Always	Frequently	Occasionally	Never	No Response
Used as selection procedure	3	0	9	11	1
Requested from all candidates	3	0	9	14	1

Writers on selection have suggested academic transcripts to be evidence of scholastic ability and educational preparation and, as such, they should be available to the selection committee or employer. However, as health units and critics of this procedure have reported, little significance has been traditionally attached to the criterion of scholastic ability.

Physical Examination

Seventeen (70.8%) health units never conducted physical examinations on CHN candidates as part of the selection process, two health units reported examinations as a regular routine, and three employed the practice occasionally. (Table XXXV).

TABLE XXXV

Use of Physical Examinations

in the Selection Process

Frequency of Use	Use of Physical Examinations		
	Frequency	Relative Frequency	Cumulative Frequency
Always	2	8.3%	8.3%
Frequently	0	0 %	8.3%
Occasionally	3	12.5%	20.8%
Never	17	70.8%	91.7%
No Response	2	8.3%	100.0%
Total	24	100.0%	

Physical fitness as a consideration in selection can be assessed in two ways -- either by physical examination or by assessing it as a personal factor. Physical handicaps are prevented from being considered by human rights legislation unless the condition would interfere with the job performance. While fitness has been reported as a valued personal factor, actual physical examinations are not usually carried out.

The literature in the 1960s stressed physical examinations as a means to assess stamina, energy, and potential longevity. Today's literature however, attempts to arrive at these concerns mainly by assessing previous job performance and has generally eliminated the need for the physical examination. A question as to physical health on the application form has been considered by many as sufficient coverage of the criterion.

Individual Tests

All health units agreed that neither mental ability tests nor personality tests were ever used in the selection processes employed.

This stand on individualized testing is at conflict with written recommendations in the literature. Writers have suggested that batteries of such tests should be given, possibly at an evaluation center or by trained consultants, and that such testing would likely make selection practices more valid and objective.

Relative Importance of the Procedures

Table XXXVI shows the importance assigned to each selection procedure by Nursing Supervisors. Interviews are seen as the most important procedure employed, references as second, and application forms and probationary periods are given mention. Individualized tests, academic transcripts, and physical examinations are reported as having the least relevance for Nursing Supervisors.

TABLE XXXVI

Importance Accorded Selection Procedures

Procedure	Most Important			Least Important		
	Choice 1	Choice 2	Cumulative Total	Choice 1	Choice 2	Cumulative Total
Application forms	7	0	7	1	0	1
Interviews	17	6	23	0	0	0
Academic transcripts	0	0	0	11	0	11
Individual tests	0	0	0	9	9	18
References	0	11	11	0	0	0
Field checks	0	0	0	3	4	7
Internship/probation	0	7	7	0	1	1
Physical examination	0	0	0	0	10	10

Summary

As can be seen from Table XXXVII, application forms, references, interviews, and a probationary period are commonly employed by Alberta health units as procedures of selection while individualized tests, field checks, physical examinations and to some extent, academic transcripts are not routinely used.

TABLE XXXVII

Selection Procedures Used

Procedure	Frequency of Use			
	Always	Frequently	Occasionally	Never
Application forms	23	1	0	0
Interviews	22	2	0	0
Academic transcripts	3	0	9	11
Individualized tests	0	0	0	24
References	17	5	1	0
Field checks	1	3	3	17
Internship/probation	20	1	1	2
Physical examination	2	0	3	17

In ranking the procedures in terms of the literature review, emphasis has traditionally been placed on internships, field checks, ability tests, and academic transcripts with references, interviews and applications receiving less acclaim. Health units, conversely, place emphasis on applications, references, interviews and probation periods, with no emphasis on field checks, ability tests, and transcripts. Because of the lack of research into procedures in nursing settings, this contrast may reflect either current field requirements or immaturity of selection development.

E. SATISFACTION

In reference to Table XXXVIII, one can see that Nursing Supervisors, generally, are more satisfied than dissatisfied with their selection processes. If one takes scores of 4 or more as an indication of satisfaction, and scores of 2 or less as an indication of dissatisfaction, Nursing Supervisors reported the following degrees of satisfaction/dissatisfaction with their selection processes:

1) Eleven respondents reported moderate to high satisfaction with the overall process as compared to four reporting moderate to high dissatisfaction;
2) Thirteen reported moderate to high satisfaction with the process information as an accurate indicator of subsequent job performance while three reported degrees of dissatisfaction;
3) Only seven respondents reported satisfaction with the process information as an accurate indicator of subsequent employee job satisfaction while five reported dissatisfaction;
4) Fifteen reported moderate to high satisfaction with the process information as an accurate indicator of successful incorporation into the nursing team while four reported dissatisfaction;
5) Nine respondents reported satisfaction with the process information as an accurate indicator of employee longevity in the CHN position while three reported dissatisfaction.

TABLE XXXVIII

Satisfaction of Nursing Supervisors

Factor	Degree of Satisfaction				
	Very Dissatisfied → Very Satisfied				
	1	2	3	4	5
Present Selection Process	1	3	7	10	1
Process Results as Accurate Indicator of Subsequent Job Performance	1	2	6	11	2
Process Results as Accurate Indicator of Subsequent Job Satisfaction	1	4	10	7	0
Process Results as Accurate Indicator of Successful Incorporation into the Nursing Team	1	3	6	10	5
Process Results as Accurate Indicator of Longevity in CHN Position	1	2	10	7	2

Overall, Nursing Supervisors were moderately satisfied with their selection processes generally, and as accurate indicators of subsequent behaviors, with the weakest satisfaction/dissatisfaction ranking reported for the predictive ability accorded to subsequent employee job satisfaction.

While there is some indication through reported dissatisfactions that Nursing Supervisors would favor improvement in their selection processes, particularly as accurate indicators of potential employee satisfaction, it would appear that greater dissatisfaction among the total population of Nursing Supervisors would be required before province wide efforts would be taken to change the present selection practices.

Written comments following the completion of the questionnaire suggest that individual efforts by Nursing Supervisors on an health unit basis are more likely to be pursued.

Comparative Analysis - Rural Versus Urban

A comparison was made between the results for all variables for rural and urban health units. No significant differences were discovered between the two locations. The urban health units were not unanimous in their use of criteria or procedures with the one exception that both used physical examinations as routine selection procedures while no rural area practiced this routine.

V. CHAPTER FIVE

A. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of the Study

the purposes of this study were to identify the practices in Alberta health units in candidate identification, selection criteria and procedures, and satisfaction reported with the selection process and its predictive abilities for subsequent behaviors. Once identified these practices were then compared to practices recommended in the literature and agreements and discrepancies noted.

The study was confined to health units in the province of Alberta and included the two major community health systems in Edmonton and Calgary as well as the twenty-seven rural based health units in the remaining part of the province. Five rural health units were not included in the study because questionnaires were not completed.

The related literature was surveyed for selection criteria and procedures commonly used in selection. The study design was based on early work on administrative selection (Peach, 1963). The questionnaire used in this study was developed on guidelines from the earlier study. It consisted of four major parts: profile data, selection criteria, selection procedures, and satisfaction.

The data were collected by mailing questionnaires to the twenty-nine identified health units in Alberta in May 1980. By mid June 1980, a return of 89.4% was achieved and the data collection was concluded.

The responses to the questionnaire were transferred to data cards so that the collected information could be processed by computer. Descriptive statistics noting frequency of response and relative frequency were used in the description of practices reported as used by Nursing Supervisors. Such practices were compared to recommendations made in the literature and conclusions attempted as to the extent of agreement with that literature.

Conclusions

Written selection policies made available to nursing staff and applicants were considered as representative of a well-defined and orderly selection process. It was assumed that Nursing Supervisors, as representatives of the health unit administration, had determined position qualifications, established measureable criteria, and developed procedures to gain such information. Out of 24 health units, only 3 had completely written policies and only 18 had any selection policy at all. On the basis of these figures it would appear that selection practices in Alberta health units could not be termed systematic and certainly not consistent. While this seems to imply that selection practices should be systematic, an argument could be made that local needs, community characteristics, manpower supply, and health unit autonomy could and should necessitate individual differences health unit to health unit. It is suggested by the writer that some selection practices could be systematized and made constant across the province but that individual differences be allowed within the health units as to details of the those practices.

The lack of well-defined selection policies reflects the likelihood that no actual selection philosophies exist or have been well thought out. This lack of philosophy is evident in the lack of consistency among selection criteria and procedures used in the selection processes of the health units. Policies should reflect philosophies, and should, in turn be reflected in the operationalization of the policies -- the selection criteria and procedures. This is no doubt indicative of the state of the art in health unit philosophy and goal development in general. As this is the point from which selection philosophies flow, one would expect minimal development at this time. But it is clear that health units are currently undertaking philosophy and goal development not only of nursing, but of their activities in general.

The criteria of sex, age, experience, preparation, and licensure appeared easily measureable but not subject to easy interpretation. Age and sex discrimination in employment is against human rights legislation and while preferences existed in both categories, these criteria are no longer considered legitimate.

Educational preparation and experience are measureable commodities and proved to be criteria that were used despite minimal importance that was attached to them in the literature.

The community health nursing situation is specific enough to suggest well defined criteria with respect to experience, preparation, and licensure. All have some importance in candidate selection but they are not defined sufficiently to be predictive of successful performance in the CHN field. No causal relationship has been shown. Specific investigation into the preparation and experience required in the preservice period as necessary for successful performance must be undertaken. One wonders why these criteria, with their limited predictability are, at present, being used in selection, beyond the fact that they are easily measureable.

Personal factors was a criterion of concern to Nursing Supervisors who categorized most of the twenty-six factors or qualities as being essential or important in the performance of community health nurses. Yet these factors are vague, dependent on the supervisor's definition of the term, and difficult to measure. Assessment is necessarily subjective, and may be neither valid nor reliable. Since all factors listed were considered by Nursing Supervisors in positive terms, a more fruitful exercise could be the determination of those factors deemed undesirable for community health nurses. Perhaps more agreement could be gained in this area.

In comparison with the literature, criteria of physical fitness, breadth of knowledge, intelligence, scholarship, and licensure are supported and used in CHN selection. Requirements established by the health unit appeared minimal yet preferences were definite and fairly consistent among these respondents. Again, most of these criteria were easily measureable and may represent attempts to gain information regardless of its significance in the selection of community health nurses.

In practice, there appears to be a more definite plan or policy regarding the use of selection procedures. Despite all cautions against its use, and with minor adjustments to meet its disadvantages, the interview remains the most used selection procedure. Application forms and references, similarly viewed with

caution in the literature, find frequent usage and faith as to their relevance. Procedures of field checks, internships, academic transcripts, and physical examinations were rarely used despite considerable acclaim in the literature.

Administrators (in this case Nursing Supervisors) appeared to place greater reliance on those procedures that were not highly recommended in the literature and gave little credence to those procedures that were. They do not, in this respect, vary from other organizations practices in the methods chosen.

Recommendations for the Selection of Community Health Nurses

Based on the literature and in light of the study results, the following recommendations are made for the selection of community health nurses:

1) Written selection policies for all health units based on an established selection philosophy should be developed. Criteria on which selection is to be based and procedures to be used in assessment should be defined and systematically established. Criteria should be specific to the position under consideration. Policies should be made available to staff members and to applicants.

2) An on-going, intensified, and systematic identification program should be established in order to ensure an adequate supply of qualified community health nursing candidates when positions become open. This is a part of well developed selection policies but care should be taken to broaden the base of normal identification methods. Health units should have active involvement in nursing education institutions to encourage greater congruency between educational content and practical demands as well as the identification and encouragement of students who appear to have special interest and ability in the community health fields (Fredericks, 1979).

3) Systematic efforts to discover and agree upon desired qualifications should be attempted by a committee of those

persons who have a stake in the outcome of the selection decision for a community health nurse position. Such stakeholders might include: community health nurses, Nursing Supervisors, Medical Officers of Health, and representatives from the administrative board. An attempt should be made to make such qualifications apply provincially so that education programs could more readily be adapted to the criteria for practical community health working conditions, i.e., that the education program more accurately reflect practical community health nursing skills and tasks.

4) Selection committees should also be established in each health unit to broaden the base of selection judgements, the point at which desired qualifications are used as standards. Persons relevant to the position being considered should be included: therefore the Nursing Supervisor, Medical Officer, and representatives of the administrative board should be involved routinely as well as any intervening supervisory positions.

5) Candidates should be subjected to a systematic selection process with procedures established and measures consistent and comparable among candidates.

6) Interviews, as popular methods of selection, can be continued but should be structured including the use of prepared rating forms or prewritten questions to increase objectivity, and allow comparisons among candidates.

7) Application forms should be specific to the community health nursing position under consideration, and should elicit definite relevant background information. Open ended essay type questions would allow each candidate an opportunity to sell herself and set the tone of subsequent meetings with the health agency.

8) The extent of agreement to most of the criteria and procedures for selection by Nursing Supervisors throughout Alberta suggests that it should be possible to develop a set of criteria acceptable

to Nursing Supervisors on a provincial basis while allowing for local autonomy. This would more effective attention to staffing problems and manpower requirements.

9) There were many comments made regarding the importance of such studies as this one and the fact that criteria had not previously been "thought about." This would suggest that efforts should be made to educate administrators on selection theory, staffing, and personnel practices and their practical application to the community health field.

10) Dissatisfaction with or curiosity concerning the present process and its effectiveness is likely necessary before change can be accepted and initiated in the health units as to selection processes. Since moderate satisfaction was evident yet the processes weak in comparison to the literature findings, an inservice program should be developed on a provincial basis in the selection field so that such discrepancies can be identified, and dealt with by persons affected by them.

Recommendations for Future Research

1) This study represents a descriptive report as to practices within Alberta health units in the selection of community health nurses. A further study should be undertaken to sample the community health nursing staff to ascertain their agreement with these findings and to gain their insights as to what criteria, procedures and processes are now followed and should be recommended.

2) Little research has been conducted or written about in the literature regarding selection problems specific to nursing and in particular the field of community health. Implications therefore have been drawn from business, education, and hospital nursing practices and this poses real problems in comparing what "ought to be" with what "is" in the community health nursing field. Some

effort to observe and study CHN operations directly should be made.

3) Because of the lack of agreement among health units with criteria, it may be that new criteria for selection should be developed, possibly specific to community health nursing, and that these chosen criteria should be rank ordered in terms of their importance to the practice of the position.

REFERENCES

American Association of School Administrators, *Professional Administrators for America's Schools*, Thirty-eighth yearbook, Washington, D.C.:American Association of School Administrators, 1960.

Archer, S.E., Fleshman, R. *Community Health Nursing: Patterns and Practices.* Massachusetts: Duxbury Press, 1975.

Baldonado, A.A. "Making Job Satisfaction a Reality for Nurses", *Supervisor Nurse.* Vol. 11, No. 5, 1980.

Baskett, G.D., "Interview Decisions as Determined by Competency and Attitude Similarity," *Journal of Applied Psychology*, Vol. 57, No. 3, 1973.

Berglas, C., "Interviewing and Selecting Staff: Employment Interviews," *Supervisor Nurse*, November 1978.

Bergman, R., "Nursing Manpower: Issues and Trends," *Journal of Nursing Administration*, May 1975.

Bermosk, L.S., "Interviewing in NUrsing - A Key to Effective Supervisory-Staff Relationships," *Supervisor Nurse*, March 1973.

Bermosk, L.S., *Interviewing in Nursing*, Riverside, New Jersey:Macmillan Publishing Co., Inc., 1973.

Bernstein, L., Dana, R.H., *Interviewing and the Health Professions* , New York: Appleton-Century-Crofts, 1970.

Boroden, M., Carbiener,A., "A Team Approach to Interviewing," *Supervisor Nurse*, November 1978.

Boxx, W.R., Simon, J., "Is Mr.Right the Wrong Man for the Job?," *Personnel Administrator*, September 1974.

Bridges, E., Baehr, M., "The Future of Administrative Selection Procedures," *Administration Handbook*, Vol. 14, No. 5, 1971.

Brockenshire, A. O'Hara-Hattstaedt, M., "Revising Job Descriptions: A Consensus Approach," *Supervisor Nurse*, March, Vol. 11, No. 3, 1980.

Browdy, J.D., "Executive Recruiters and the Nursing Service Administrator," *Journal of Nursing Administrators*, July-August 1975.

Burton, G.E., "How to Prevent Dry Rot in College Recruiting," *Personnel Administrator*, November 1975.

Calhoon, R.P., *Managing Personnel*, New York: Harper & Row, 1964.

Campbell, R.F., Corbally, J.E., Ramseyer, J.D., *Introduction to Educational Administration*, Boston: Allyn and Bacon, 1958.

Campbell, R.F., Corbally, J.E., Ramseyer, J.D, "Research and the Selection and Preparation of School Administrators," *The Educational Research Bulletin*, February, 1956.

Camp King, E., "Determining and Interoreting Test Validity, Reliability, and Practicality," *Nurse Educator*, May-June 1979.

Canadian Public Health Association, *A Statement of Functions and Qualifications for the Practice of Public Health Nursing in Canada*, Toronto, 1968.

Carlson, R., "Employment Decisions: Effect of Mode of Applicant Presentation on Some Outcome Measures," *Personnel Psychology*, December 1968.

Cascio, W. Silbey, V., "Utility of the Assessment Center as a Selection Device," *Journal of Applied Psychology*, Vol. 64, No. 2, 1964.

Castetter, W.B., *The Personnel Function in Educational Administration*, Second edition, New York: Macmillan Publishing Co., Inc., 1976.

Cleland, V., "Inducements for Nursing Employment," *Nursing Research*, Vol. 22, September 1973.

Creighton, J.D., "Law for the Nurse Supervisor: References," *Supervisor Nurse*, Vol. 10, January, 1979.

Dale, R., Buley, K.E., "Interviewing and Selecting Staff: The Group Interview," *Supervisor Nurse*, November 1978.

Devierno, G., "How Does Nurse Recruitment Advertising Represent the Profession?," *Journal of Nursing Administration*, January, 1979.

Editorial, "Want More Nurses? Make Jobs More Rewarding," *Modern Health Care*, January 1979.

Farquhar, R., Piele, P., *Preparing Educational Leaders: A Review of Recent Literature*, Ohio State University: University Council for Educational Administration, 1972.

Fishbein, M., *Readings in Attitude Theory and Measurement*, New York: John Wiley and Sons, 1967.

Fredericks, C.D., "Selection and Placement of Professional Nurse Applicants," *Supervisor Nurse*, December 1979.

Freeman, R.B., *Community Health Nursing Practice*, Toronto: W.B.Saunders Co., 1970.

Gavin, J., "Predicting Job Performance and Attendance Criteria," *Personnel Journal*, March 1973.

Gonzalez, C., *Mass Campaigns and General Health Services*, Geneva: World Health Organization, 1965.

Goodale, J., "Tailoring the Selection Interview to the Job," *Personnel Journal*, February 1976.

Goodale, J., "The success of the selection interview lies in the interviewer's willingness to make eight simple decisions," *Journal of College Placement*, Spring 1979.

Hadley, W.M., "The Selection of School Principals," *The American School Board Journal*, CXXV, July 1952.

Hamilton, D., "Job Descriptions and their Use in Nursing," *Nursing Times*, May 1971.

Hatfield, J.D., Gatewood, R.D., "Nonverbal Cues in the Selection Interview," *Personnel Administrator*, January 1978.

Hepner, J.O., Boyer, J.M., Westerhaus, C.L., *Personnel Administration and Labor Relations in Health Care Facilities*, Saint Louis: C.V. Mosby 1969.

Herman, H., McKay, M., *Community Health Services*, Commitee on Public Health

Administration, Americal Public Health Association, 1968.

Hoffman, E., "ABCs of Nurse Recruitment," *American Journal of Nursing*, April 1974.

Houseman, R., "Selection Screening for Administrators of the Future," in Tope, D. (ed.), *A Forward Look: Preparation of School Administrators*, University of Oregon: Bureau of Educational Research, 1970.

Jenkins, J.W., "Interviewing and Selecting Staff: Good Nurse or Good Manager - What's the Difference?," *Supervisor Nurse*, November 1978.

Journal of Nursing Administration Editorial Staff, *Staffing 2:: A Contemporary Nursing Resource Book*, Massachusetts: Contemporary Publishing, Inc., 1975.

Kaiser, P., "Ten Steps to Interviewing Job Applicants," *American Journal of Nursing*, April 1978.

Karvanin, M., "Ergonomics: A Young Technology - Fitting the Job to the Worker," *World Health*, August 1974. Keaveny, T., "Manpower Planning for Nurse Personnel," *American Journal of Nursing*, July 1978.

Kistler, J., Kistler, R., "Motivation and Morale in the Hospital," *Supervisor Nurse*, February 1980.

Koehler, C.J., "Recruiting Abroad: Does It Pay?," *American Journal of Nursing*, December 1978.

Kowalski, K., "Job Interviewing: An Effective Tool for Hiring Staff Nurses," *Journal of Nursing Administration*, January 1975.

Ledvenkar, J., Gatewood, R., "EEO Issues with Preemployment Inquiries," *Personnel Administrator*, February 1977.

Levenstein, A., "The Art and Science of Supervision: The Tragedy of Turnover," *Supervisor Nurse*, February 1977.

Lopez, F.M., "Current Problems in Test Performance of Job Applicants," *Personnel Psychology*, February 1966.

MacDonald, M., "Matching Personalities with Position: A Study of Job Satisfaction," *Supervisor Nurse*, April 1975.

Marriner, A., "The Selection of Personnel," *Supervisor Nurse*, January 1976.

Martin, R., "Toward More Productive Interviewing," *Personnel Journal*, May 1971.

Mayfield, E.C., "The Selection Interview: A Re-evaluation of Published Research," *Personnel Psychology*, Vol. 17, 1964.

Mayfield, E.C., Carlson, R.E., "Selection Interview Decisions: First Results from a Long-term Research Project," *Personnel Psychology*, Vol. 19, 1966.

McCormick, E.J., DeNisi, A.S., "An Alternate Approach to Test Validation," *Personnel Administrator*, January 1975.

McIntyre, K., *Selection of Educational Administrators*, Texas: University of Texas and the Council for Educational Administration, 1965.

McIntyre, K., *Selection of Administrators*, Colombia, Ohio: University Council for Education Administration, 1967.

Megginson, L.C., *Human Resources: Cases and Concepts*, New York: Harcourt,

Brace and World, 1968.

Mondy, R.W., Mills, H.W., "Interviewing and Selecting Staff: Choice in Nurse Selection," *Supervisor Nurse*, November 1978.

Moore, J.E., *Community Health Nursing in Alberta: Manpower and Programs*, Alberta Social Services and Community Health, 1977.

Moore, L., Lee, A., "Comparability of Interviewer, Group, and Individual Interview Ratings," *Journal of Applied Psychology* , Vol. 59, No. 2, 1974.

Morgan, H., Cogger, J., *The Interview Manual*, New York: The Psychological Corporation, 1973.

Morris, J., "The Interview: Guidelines for Making It a More Effective Hiring Device," *Clearing House*, Vol. 46, September 1971.

National Education Association, *The Elementary School Principalship: A Research Study*, Thirty-seventh yearbook, Washington, D.C.: National Education Association, 1958.

National League for Nursing, "What People Can Expect from a Modern Nursing Service," New York: National League for Nursing, May 1959.

Nichols, G., "Job Satisfaction and Nurses' Intentions to Remain With or Leave an Organization," *Nursing Research*, May-June 1971.

Ofsanko, F.J., Paulson, C.C., "Who Interviews the Interviewer and How," *Personnel Administrator*, February 1977.

Ordini, A., "Why Interview?" *Personnel Journal*, Vol. 47, 1968.

Peach, J.W., *Procedures and Criteria Used in Selecting Administrative Personnel in Large Urban School Systems in Western Canada*, Unpublished Masters Thesis, Department of Educational Administration, University of Alberta 1963.

Plaszczynski, C., "Systematic Approach to Leadership Selection," *Journal of Nursing Administration*, March 1979.

Roberts, D.E., Freeman, R.D., *Redesigning Nursing Education for Public Health*, Bethesda, Maryland: U.S. Department of Health, Education, and Welfare, 1973.

Rotkovich, R., "Hiring a Nurse," *American Journal of Nursing*, April 1974.

Rusmore, J., "Tests, Interviews and Fair Employment," *Personnel Administrator*, March 1968.

Schneider, B., *Staffing Organizations*, California: Goodyear Publishing Co., 1976.

Schneier, C., "Content Validity: the necessity of a behavioral job description, *Personnel Administrator*, February 1976.

Schwab, D.P., "Why Interview? A Critique," *Personnel Journal* , February 1969.

Scott, W., "The Actuarial-Clinical Controversy in Managerial Selection," *Business Horizons*, Vol. 7, No. 4, 1964.

Smith, R.D., "Models for Personnel Selection Decisions," *Personnel Journal*, August 1973.

Sparks, C.P., "The Not So Uniform Selection Guidelines," *Personnel Administrator*,

February 1977.

Stanton, E.S., *Successful Personnel Recruiting and Selection*, New York: Amacom, 1977.

Stevens, B., *The Nurse as Executive*, Massachusetts: Contemporary Publishing Co., 1975.

Stewart, D.m., Vincent, P.A., *Public Health Nursing*, Iowa: W.C. Brown Co., 1968.

Stout, R.T., *New Approaches to Recruitment and Selection of Educationl Administrators*, Illinois: Interstate Printers and Publishers 1973.

Strauss, G., Sayles, L., *Personnel: The Human Problems of Management*, Second edition, New Jersey: Prentice Hall, 1967.

Swanberg, G., Knutson, K., "Increasing Nurse Demand Highlights Need for Long-Range Recruitment Plans," *Modern Health Care*, November 1979.

Tenopyr, M., "Research Round Up," *Personnel Psychology*, January 1972.

The Alberta Task Force Report on Nursing Education, By Walter Johns, Chairman. Alberta: Department of Advanced Education and Manpower, 1975.

Thigpen, E.L., "Preemployment Assessment: A Systematic Approach to Selecting New Employees," *Personnel Administrator*, September 1976.

Tibbitt, B.V., "Preparing the Interview," *Supervisor Nurse*, April 1977.

Tope, D., *A Forward Look: Preparation of School Administrators* , University of Oregon: Bureau of Educational Research 1960.

Webster, E., *Decision Making in Employment Interviews*, McGill University: Industrial Relations Center, 1964.

Wright, D., "Summary of Research on the Selection Interview Since 1964," *Personnel Psychology*, February 1969.

APPENDIX A

DEPARTMENT OF EDUCATIONAL ADMINISTRATION UNIVERSITY OF ALBERTA
PROCEDURES AND CRITERIA USED IN SELECTING COMMUNITY HEALTH NURSE PERSONNEL IN ALBERTA HEALTH UNITS

Dear _____:

Your assistance is requested in a research study which I am conducting as a graduate student in the Department of Educational Administration at the University of Alberta under the advisement of Dr. Chester Bumbarger.

The purpose of the project is to survey the criteria and procedures used in selecting nursing personnel to fill community health positions. While there has been some research in this area in other fields (notably business and education), it has been limited to the hospital setting in the nursing field. No literature has been found to date which investigates the particular concerns of the community health care institution in identifying and employing nurses geared to their requirements.

This questionnaire has been designed to survey current selection practices in Alberta health units with respect to the employment of community health nurses. It is designed to take a minimum amount of time to complete; reviewers have gauged the time required to be _____. Most questions can be answered with either a single check or a few words. One question provides you with the scope to write a paragraph or two, if you wish to do so. You may wish to glance over the whole questionnaire before you answer.

Your reply will be held in strictest confidence and the final report will not identify individual respondents or health units. The number assigned the questionnaire is for the purpose of gauging returns only.

I am aware that you are an extremely busy person and that another questionnaire may appear burdensome, but I would greatly appreciate your assistance in gathering this information.

Thank you in advance for your cooperation. Please return the completed questionnaire in the enclosed envelope by _____.

Sincerely,
Sandra Tenove, BScN.
Graduate Student
Department of Educational Administration
University of Alberta
Edmonton, Alberta

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
UNIVERSITY OF ALBERTA

PROCEDURES AND CRITERIA USED IN SELECTING COMMUNITY HEALTH NURSE PERSONNEL IN ALBERTA HEALTH UNITS

GENERAL INFORMATION

1) What is the location of your health unit? Check the one that most applies.
   a) Rural.....☐
   b) Urban.....☐

2) How many fulltime equivalent nurses are employed as community health nurses in your institution? Check one of the following.
   a) 1 - 4.....☐
   b) 5 - 9.....☐
   c) 10 - 14.....☐
   d) 15 - 19.....☐
   e) 20 plus.....☐

3) Are the policies for selecting personnel for community health nursing positions in your health unit recorded in written form? Check one of the following.
   a) Yes.....☐
   b) No.....☐
   c) Partly.....☐

4) If the policies are written, are they available to your nursing staff?
   a) Yes.....☐
   b) No.....☐

5) Do you have written performance criteria for the position of community health nurse?
   a) Yes.....☐
   b) No.....☐

6) If written, are they available to the applicant?
   a) Yes.....☐
   b) No.....☐

7) If written, are they available to the nursing staff?
   a) Yes.....☐
   b) No.....☐

8) What percentage of nursing staff turnover was experienced by your institution in the last fiscal year?
   a) less than 10%.....☐
   b) 10 - 19%.....☐
   c) 20 - 29%.....☐
   d) 30 - 39%.....☐
   e) 40 - 49%.....☐
   f) 50% plus.....☐

9) Rank the reason(s) given to justify nursing termination in question 9, with 1 as the most frequently stated, 2 as the next, and so on.

a) pregnancy.....(_)
b) spouse transferred.....(_)
c) seeking other position...(_)
d) retirement.....(_)
e) returning to school.....(_)
f) other, please specify....(_)_____

_____

CRITERIA

In some centers, the Local Board of Health or the Health Unit Board will set a certain level of achievement, aptitude, standing, etc., which must be met for each criterion used. The criteria used in this questionnaire are: age, sex, experience, training, scholastic achievement, intelligence, physical fitness, breadth of knowledge, licensure, and personal factors. In other centers, no minimum levals are set but, the Nursing Supervisor will prefer that candidates have certain qualifications.

The questions following will consist of two parts: one seeking to dtermine what qualifications may be REQUIRED by administrative policies, and one seeking to determine what qualifications may be PREFERRED by the Nursing Supervisor in the absence of Board requirements or in addition to the minimum Board requirements.

Age

1) Does the selection policy specify age limits within which candidates must fall?

a) Yes.....(_)
b) No.....(_)

If yes, what are the limits? Please write in _____.

2) What age range do you prefer nursing candidates to fall within? Please write in _____.

Sex

3) Do any requirements exist specifying sex of the applicant?

a) Yes.....(_)
b) No.....(_)

If yes, please write in the requirements_____.

_____.

4) Which sex would you generally prefer to employ as community health nurses?

a) Male.....(_)
b) Female.....(_)

5) If there are no specified requirements, under what conditions would you prefer to employ a man as a community health nurse

rather than a woman?_____
_____
_____

Experience

6) Does the selection policy specify that all community health nurse candidates have some nursing experience?
   a) Yes.....( )
   b) No.....( )

7) How much nursing experience is specified? Check one
   a) No stated amount.....( )
   b) 1 - 2 years.....( )
   c) 3 - 5 years.....( )
   d) over 5 years.....( )

8) Of the total nursing experience, how much must the candidate have done in the community health field? Check one
   a) None.....( )
   b) 1 -2 years.....( )
   c) 3 - 5 years.....( )
   d) over 5 years.....( )

9) If no stated number of years experience in nursing is required, how many years of experience do you prefer your candidates to have had? Please write in
   a) in nursing_____.
   b) in community health _____.

Training

10) What minimum education must a candidate have completed at the time of consideration for employment? Check one
   a) No minimum education specified.....( )
   b) RN or equivalent.....( )
   c) RN plus diploma.....( )
   d) Baccalaureate degree.....( )
   e) Masters degree.....( )

11) What education level do you prefer candidates to have completed at the time of consideration for employment? Check one
   a) No minimum education specified.....( )
   b) RN or equivalent.....( )
   c) RN plus diploma.....( )
   d) Baccalaureate degree.....( )
   e) Masters degree.....( )

12) Are candidates for community health positions required to have taken courses in community health nursing?
   a) Yes.....( )
   b) No.....( )

   Are candidates for community health positions preferred to have taken courses in community health nursing?

c) Yes.....(_)
d) No.....(_)

Scholarship

13) Is scholastic achievement attained by candidates during their period of educational training a factor in selection?
a) Yes.....(_)
b) No.....(_)

14) Do the selection policies require the community health nursing candidate to have attained a specific level of scholastic achievement during their educational training period?
a) Yes.....(_)
b) No.....(_)
If yes, write in the level required_____.
_____

15) If the level of achievement is not specified, what level of scholarship do you prefer candidates to have? Please write in _____.

Intelligence

16) Is a candidate's IQ (as measured by standardized tests) considered when selecting community health nurses?
a) Yes.....(_)
b) No.....(_)

17) If a minimum IQ is required, please write in the score _____.

18) If there is no limitation, what range, if any, do you prefer your candidates to have? Please write in _____.

Knowledge

19) Are candidates required to have a broad general knowledge of nursing theory and practice, as measured by written examinations administered during the selection process?
a) Yes.....(_)
b) No.....(_)

20) Are candidates required to have a broad general knowledge of nursing theory and practice, as measured by written examinations administered following the training period?
a) Yes.....(_)
b) No.....(_)

21) Are candidates required to have a good knowledge of community health nursing as measured by written examinations administered during the selection process?

a) Yes.....(_)
b) No.....(_)

22) Are candidates required to have a good knowledge of community health nursing as measured by written examinations administered following the training period?
a) Yes.....(_)
b) No.....(_)

23) If candidates are not required to show their knowledge by writing formal examinations during the selection process, and if you had to choose between a knowledge of community health nursing and a knowledge of nursing theory and practice, which one would you prefer that candidates have?
a) Good knowledge of nursing theory and practice....(_)
b) Good knowledge of community health nursing.....(_)
c) No preference.....(_)

Licensure

24) Are candidates for community health nursing positions required to have licensure eligibility in the AARN?
a) Yes.....(_)
b) No.....(_)

25) Do you prefer that candidates be eligible for licensure in AARN?
a) Yes.....(_)
b) No.....(_)

Personal Factors

26) How necessary for bbeing employed in a community health nursing position is the possession of each personal quality listed below? Check according to the following scale:
1. Essential
2. Important
3. Useful
4. Not necessary

a) Ability to get along with people .....(1)(2)(3)(4)
b) Ability to get along with coworkers.....(1)(2)(3)(4)
c) Leadership.....(1)(2)(3)(4)
d) Organizing and executive ability.....(1)(2)(3)(4)
e) Tact and diplomacy.....(1)(2)(3)(4)
f) Good judgement and common sense.....(1)(2)(3)(4)
g) Active participation in prof'l organizations....(1)(2)(3)(4)
h) Interest in and liking for children.....(1)(2)(3)(4)
i) Interest in and liking for geriatrics.....(1)(2)(3)(4)
j) Ability to teach.....(1)(2)(3)(4)
k) Character.....(1)(2)(3)(4)
l) Poise and emotional stabiliy.....(1)(2)(3)(4)
m) Appearance.....(1)(2)(3)(4)
n) Good health.....(1)(2)(3)(4)
o) Interest in community affairs.....(1)(2)(3)(4)
p) Sense of humor.....(1)(2)(3)(4)
q) Initiativeness and willingness to work.....(1)(2)(3)(4)
r) Assertiveness.....(1)(2)(3)(4)

s) Physical fitness.....(1)(2)(3)(4)
t) Responsibility and accountability.....(1)(2)(3)(4)
u) Integrity.....(1)(2)(3)(4)
v) Ability to communicate.....(1)(2)(3)(4)
w) Creativity.....(1)(2)(3)(4)
x) Commitment.....(1)(2)(3)(4)
y) Empathy.....(1)(2)(3)(4)
z) Self-awareness.....(1)(2)(3)(4)
aa) Nuturance.....(1)(2)(3)(4)
ab) Maturity.....(1)(2)(3)(4)

27) You may deem some of the items listed above as being much more important than the others. Please list, in order of importance those five items you most prefer candidates to have:
a) 1._____.
b) 2._____.
c) 3._____.
d) 4._____.
e) 5._____.

28) The criteria used in the selection of personnel for community health positions have been incorporated into the preceding questions. Usually these criteria do not carry equal weight. Using the numbers 1 to 10 please rank the criteria as to their relative order of importance to you when you select personnel for community health nursing positions.
a) Age.....(_)
b) Sex.....(_)
c) Experience.....(_)
d) Training.....(_)
e) Scholastic ability.....(_)
f) Intelligence.....(_)
g) Licensure.....(_)
h) Personal factors.....(_)
i) Physical fitness.....(_)
j) Breadth of knowledge.....(_)

SELECTION PROCEDURES

Please place your answer to the following questions in one of the spaces to the right of that question. Use the following scale:
1. Always
2. Frequently
3. Occasionally
4. Never

Identification of Candidates

In this part of the questionnaire, it is necessary to make a distinction between identification and the final selection of candidates. Identification, as presently used, refers to the process by which the identity of possible candidates is secured. Selection refers to the act whereby a candidate is selected and accepted for employment.

1) Identification is made:
a) from applications received as a result of

advertising.....(1)(2)(3)(4)
b) by requesting names from nursing education institutions.....(1)(2)(3)(4)
c) by contacting nurses employed in other health units.....(1)(2)(3)(4)
d) other, please specify_____(1)(2)(3)(4)

2) Other policies:
Do you attempt to identify candidates before they are actually needed?.....(1)(2)(3)(4)

3) Is a list of suitable candidates kept on file from year to year?.....(1)(2)(3)(4)

4) Is any attempt made to identify students in nursing schools who appear to possess those characteristics needed in community health?.....(1)(2)(3)(4)

Determining Qualifications Needed

5) Who determines what qualifications a community health nurse should have? Check as many as apply
a) Local Board of Health.....(1)(2)(3)(4)
b) Health Unit Board.....(1)(2)(3)(4)
c) Medical Officer of Health.....(1)(2)(3)(4)
d) Nursing Supervisor.....(1)(2)(3)(4)
e) Community health nurses.....(1)(2)(3)(4)
f) A Committee.....(1)(2)(3)(4)
g) Other, please specify_____.....(1)(2)(3)(4)

6) If a committee is used, who sits on that committee?
a) Local Board of Health representatives..(1)(2)(3)(4)
b) Provincial nurses association.....(1)(2)(3)(4)
c) Health Unit Board memebers.....(1)(2)(3)(4)
d) Medical Officer of Health.....(1)(2)(3)(4)
e) Nursing Supervisor.....(1)(2)(3)(4)
f) Executive administrative secretary.....(1)(2)(3)(4)
g) Community health nurses.....(1)(2)(3)(4)
h) Consumers of service.....(1)(2)(3)(4)
i) Other, please specify_____.....(1)(2)(3)(4)

7) The qualifications of a community health nurse may be analyzed either in terms of the requirements of a particular assigned area, om a health unit basis, or on a provincial wide basis. How is the job of a community health nurse analyzed in your health unit?
a) on a provincial basis.....(1)(2)(3)(4)
b) on a health unit wide basis.....(1)(2)(3)(4)
c) on an individual assigned area basis...(1)(2)(3)(4)

Methods of Selection

8) Is more than one person considered when a position is vacant?..... .....(1)(2)(3)(4)

9) Does the Medical Officer of Health make the final selection of candidates who are to be recommended to the Board for hiring?..... .....(1)(2)(3)(4)

10) Does the Nursing Supervisor make the final selection of candidates who are to be recommended to the Board for hiring?..... .....(1)(2)(3)(4)

11) Please check here if a committee is NOT used as part of the selection process_____.

12) If a committee is used, what is its composition?
   a) Local Board of Health representatives..(1)(2)(3)(4)
   b) Health Unit Board members.....(1)(2)(3)(4)
   c) Medical Officer of Health.....(1)(2)(3)(4)
   d) Nursing Supervisor.....(1)(2)(3)(4)
   e) Executive aministrative secretary.....(1)(2)(3)(4)
   f) Other, please specify_____.....(1)(2)(3)(4)

Application Forms

13) Please check here if you do NOT use application forms as part of the selecetion process_____.
If you do use application forms, please answer these questions:

14) Do you use standardized application forms?.....(1)(2)(3)(4)

15) Are your application forms specific to the position of community health nurse?.....(1)(2)(3)(4)

16) Do you require resumes or curriculum vitae in addition to the application form?.....(1)(2)(3)(4)

17) Do your application forms make use of a written essay question?.....(1)(2)(3)(4)

18) If yes, on what subject is the candidate asked to write?_____.
_____.
_____.

Interviews

19) If you do NOT use interviews as part of the selection process, please check here _____.
If you use interviews, please answer the following questions:

20) Do you use an interview as a mandatory part of the selection process?.....(1)(2)(3)(4)

21) The interview is conducted by:
   a) Local Board of Health representatives...(1)(2)(3)(4)
   b) Health Unit Board members.....(1)(2)(3)(4)
   c) Medical Officer of Health.....(1)(2)(3)(4)
   d) Nursing Supervisor.....(1)(2)(3)(4)
   e) Executive administrative secretary.....(1)(2)(3)(4)
   f) A Committee.....(1)(2)(3)(4)
   g) Other, please specify_____.....(1)(2)(3)(4)

22) If a committee is used, it is composed of:
   a) Local Board of Health representatives...(1)(2)(3)(4)
   b) Health Unit Board members.....(1)(2)(3)(4)
   c) Medical Officer of Health.....(1)(2)(3)(4)
   d) Nursing Supervisor.....(1)(2)(3)(4)
   e) Executive administrative secretary.....(1)(2)(3)(4)
   f) Other, please specify_____.....(1)(2)(3)(4)

23) Is a prepared rating form used during the interview?.....(1)(2)(3)(4)

Recommendations and References

24) If you do NOT use letters of recommendation or references as part of the selection process, please check here_____.
If you require letters of reference, please answer the following questions:

25) Are letters of reference requested from all candidates?.....(1)(2)(3)(4)
26) Are the letters:
   a) forwarded by the applicant?.....(1)(2)(3)(4)
   b) confidential, and sent directly to you by the person making the recommendation?.....(1)(2)(3)(4)

27) Do you make use of a standard form?.....(1)(2)(3
28) If you do, are the forms in the form of:
   a) rating scales?.....(1)(2)(3)(4)
   b) anecdotal notes?.....(1)(2)(3)(4)

29) From whom do you usually request references or letters of recommendation? Please write in _____.
_____.

Field Checks

If you do NOT use field checks or special observations, please check here _____.

30) If you do use field checks, please indicate who makes the check?
   a) Medical Officer of Health.....(1)(2)(3)(4)
   b) Nursing Supervisor.....(1)(2)(3)(4)
   c) Community health nurses.....(1)(2)(3)(4)
   d) Other, please specify_____.....(1)(2)(3)(4)

Internship/Probationary Periods

31) If you make use of an internship plan as part of the selection process, would you please give a brief account of it
_____
_____
_____
_____
_____

32) Do you use a probationary period prior to full staff membership?
a) Yes.....(_)
b) No.....(_)

33) How long is the probationary period if used?
a) under three months.....(1)(2)(3)(4)
b) 3 - 6 months.....(1)(2)(3)(4)
c) over 6 months.....(1)(2)(3)(4)

Assessments of University Transcripts

If you do NOT use university transcripts as part of the selection process, please check here _____.

34) If you assess transcripts, do you assess the transcripts of all candidates.....(1)(2)(3)(4)

Physical Examination

35) Do you require that candidates undergo a physical?..(1)(2)(3)(4

Individual Tests

36) Do you use any individual mental ability tests as part of the selection process?.....(1)(2)(3)(4)

37) Do you use any personality tests as part of the selection process?.....(1)(2)(3)(4)

If you use either mental ability or personality tests please specify type and title _____.
_____
_____

38) The procedures sometimes used in the selection of personnel for community health positions have been incorporated into the preceding questions. Using the numbbers 1 to 8, please rank the selection procedures in terms of their relative importance to you when you select persons for community health nursing positions.
a) Application forms .....(_)
b) Interviews..... .....(_)
c) University transcripts.....(_)
d) Individual tests.....(_)
e) References.....(_)

f) Field checks.....(_)
g) Internship.....(_)
h) Physical examination.....(_)

SATISFACTION

39) To what degree are you satisfied with your present selection process? Rate the degree of satisfaction from 1 (very dissatisfied)to 5 (very satisfied). Please circle the appropriate response.

1 2 3 4 5

40) To what degree do you feel the information gained in the selection process employed has been an accurate indicator of subsequent job performance?

1 2 3 4 5

41) . . . of subsequent personal job satisfaction?

1 2 3 4 5

42) . . . of subsequent successful incorporation into the nursing team?

1 2 3 4 5

If there are other criteria or procedures which you believe to be important, please describe them. If you have any comments about either the questionnaire or the research project, please feel free to express them

_____
_____
_____
_____
_____

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
UNIVERSITY OF ALBERTA
PROCEDURES AND CRITERIA IN SELECTING COMMUNITY HEALTH PERSONNEL IN ALBERTA HEALTH UNITS
INSTRUCTIONS FOR REVIEWERS

The following questionnaire is divided into four sections:

1) General Information regarding the responding agency
2) Selection Criteria used by the respondent
3) Selection Procedures employed by the respondent
4) Satisfaction of the respondent with the selection process

You are requested to read through the questionnaire and note the following concerns:

1) the anticipated time required to complete the questionnaire by field respondents. Please write time in here _____ .
2) the clarity of the questions, i.e., wording, meaning. Please comment alongside each question as necessary.
3) the validity of the questions; do they appear to measure what they are supposed to? Please comment alongside each question where necessary.
4) the format of the questionnaire. Please write comment here

_____

_____

_____

_____

5) please write in your comments: suggestions for alternate or new questions; suggestions for deletion of items; and general impressions where necessary

_____

_____

_____

_____

_____

_____

_____

Acknowledgement is given to J.W. Peach on whose questionnaire concerning selection procedures of administrative personnel this questionnaire is based.

Thank you very much for your assistance in reviewing this questionnaire -- your comments will be invaluable. As time is a major consideration in this study, I would appreciate your comments as soon as possible.

Sandra Tenove

APPENDIX B

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
UNIVERSITY OF ALBERTA

PROCEDURES AND CRITERIA USED IN SELECTING
COMMUNITY HEALTH NURSE PERSONNEL
IN ALBERTA HEALTH UNITS

Dear

Your assistance is requested in a research study which I am conducting as a graduate student in the Department of Educational Administration at the University of Alberta under the supervision of Dr. C. Bumbarger.

The purpose of the project is to survey the criteria and procedures used in selecting nursing personnel to fill community health positions. While there has been some research in this area in other fields, it has been limited to the hospital setting in the nursing field. No literature has been found to date which investigates the particular concerns of the community health care agency in identifying and employing nurses geared to their requirements.

This questionnaire has been designed to survey current selection practices in Alberta health units with respect to the employment of community health nurses. It is designed to take a minimum amount of time to complete; reviewers estimate the time required to be 15 - 30 minutes.

Your reply will be held in strictest confidence and the final report will not identify individual respondents or health units. The number assigned the questionnaire is for the purpose of gauging returns only.

I am aware that you are an extremely busy person and that another questionnaire may appear burdensome, but I would greatly appreciate your assistance in gathering this information.

Thank you in advance for your cooperation. Please return the completed questionnaire in the enclosed envelope by June 15, 1980.

Sincerely,

Sandra Tenove, BScN
Graduate Student
Department of Ed. Admin.
University of Alberta
Edmonton

DEPARTMENT OF EDUCATIONAL ADMINISTRATION

UNIVERSITY OF ALBERTA

PROCEDURES AND CRITERIA USED IN SELECTING COMMUNITY HEALTH NURSE PERSONNEL IN ALBERTA HEALTH UNITS

A. GENERAL INFORMATION

1. What is the location of your health unit?

   1. Rural .....[__]
   2. Urban (Edmonton, Calgary).....[__]

2. How many full-time equivalent nurses are employed as community health nurses in your agency? Do not include nursing supervisors unless they have been assigned client caseloads.

   1. 1-10.....[__]
   2. 11-20.....[__]
   3. 21-30.....[__]
   4. 31 plus.....[__]

3. Do you have a policy for selecting community health nurses?

   1. Yes.....[__]
   2. No.....[__]

4. To what extent are the policies for selecting community health nursing positions in your health unit recorded in written form?

   1. All written.....[__]
   2. Mostly written.....[__]
   3. Mostly unwritten.....[__]
   4. Unwritten.....[__]

5. If the policies are written, are they available to your nursing staff?

   1. Yes.....[__]
   2. No.....[__]

6. If the policies are written, are they available to the applicants?

   1. Yes.....[__]
   2. No .....[__]

7. Do you have written performance criteria for the position of community health nurse?

   1. Yes.....[__]
   2. No.....[__]

8. If written, are performance criteria available to the nursing staff?

1. Yes .....[__]
2. No .....[__]

9. If written are performance criteria available to the applicants?

1. Yes .....[__]
2. No .....[__]

10. What percentage of nursing staff turnover was experienced by your agency in the last fiscal year?

1. Less than 10% .....[__]
2. 10 - 19%.....[__]
3. 20 - 29% .....[__]
4. 30 - 39% .....[__]
5. 40 - 49% .....[__]
6. 50% plus .....[__]

11. How many staff nurses terminated employment (actual numbers) in the last year? Please write number in _____

12. The terminations were majorally initiated by:

1. the individual.....[__]
2. the agency .....[__]

B. CRITERIA

In some centres, the Health Unit Board will set a certain level of achievement, aptitude, standing, etc. which must be met for certain criteria used. In other centres, no minimum levels are set, but the Nursing Supervisor will prefer that candidates have certain qualifications.

The questions following will consist of two parts -- one seeking to determine what qualifications may be required by administrative policies, and one seeking to determine what qualifications may be preferred by the Nursing Supervisor in the absence of Board requirements or in addition to the minimum Board requirements.

AGE

13. Does the selection policy specify age limits within which candidates must fall?

1. Yes .....[__]
2. No .....[__]

If yes, please specify limits _____

14. What age range do you prefer candidates to fall within? Please specify _____

SEX

15. Do any requirements exist specifying sex of the applicant?

    1. Yes .....[__]
    2. No .....[__]

    If yes, what are the requirements: _____
    _____

16. Which sex would you generally prefer to employ as community health nurses?

    1. Male .....[__]
    2. Female .....[__]
    3. No preference .....[__]

17. Under what conditions would you prefer to employ a male as a community health nurse rather than a female? _____
    _____
    _____

18. Under what conditions would you prefer to employ a female as a community health nurse rather than a male? _____
    _____
    _____

EXPERIENCE

19. Does the selection policy specify that all community health nurse candidates have some nursing experience?

    1. Yes .....[__]
    2. No .....[__]

20. If yes, how much nursing experience is specified?

    1. No stated amount .....[__]
    2. 1-2 years .....[__]
    3. 3-5 years .....[__]
    4. over 5 years .....[__]

21. Of the total nursing experience, how many years must the candidate have done in the community health field?

    1. None .....[__]
    2. 1-2 years .....[__]
    3. 3-5 years .....[__]
    4. over 5 years .....[__]

22. How many years, if any, of experience do you prefer your candidates to have had as a minimum? Please write in

    1. in nursing _____
    2. in community health _____

BASIC EDUCATIONAL PREPARATION

23. What minimum education must a candidate have completed at the time of consideration for employment?

    1. No minimum preparation .....[__]
    2. RN or equivalent .....[__]
    3. RN plus diploma or equivalent .....[__]
    4. Baccalaureate degree or equivalent .....[__]
    5. Masters degree or equivalent .....[__]

24. What education level do you prefer candidates to have completed at the time of consideration for employment?

    1. No minimum preparation .....[__]
    2. RN or equivalent .....[__]
    3. RN plus diploma or equivalent .....[__]
    4. Baccalaureate degree or equivalent .....[__]
    5. Masters degree or equivalent .....[__]

25. Are candidates for community health positions required to have taken courses in community health nursing?

    1. Yes .....[__]
    2. No .....[__]

26. Are candidates for community health positions preferred to have taken courses in community health nursing?

    1. Yes .....[__]
    2. No .....[__]

SCHOLARSHIP

27. Is scholastic achievement (grades) attained by candidates during their period of educational preparation a factor in selection?

    1. Yes .....[__]
    2. No .....[__]
    3. Sometimes .....[__]

28. Do the selection policies require the community health nurse candidates to have attained a specific level of scholastic achievement during their educational preparation?

    1. Yes .....[__]
    2. No .....[__]
    3. Sometimes .....[__]

    If yes, please specify the level required _____

    _____

29. What level of scholarship do you prefer candidates to have? Please write in _____

_____

_____

INTELLIGENCE

30. Is a candidate's IQ (as measured by standardized tests) considered when selecting community health nurses?

1. Yes .....[__]
2. No .....[__]

If a minimum IQ is required, please write in score _____

31. If there is no limitation, what range, if any, do you prefer your candidates to have? Please write in _____

_____

KNOWLEDGE

32. Are candidates required to have a broad general knowledge of nursing theory and practice?

1. Yes .....[__]
2. No .....[__]

If yes, how is this level of knowledge measured? Please write in _____

_____

_____

33. Are candidates required to have a good knowledge of community health nursing?

1. Yes .....[__]
2. No .....[__]

If yes, how is this level of knowledge measured? Please write in _____

_____

_____

34. If candidates are not required to show their knowledge by writing formal examinations during the selection process, and if you had to choose between a knowledge of community health nursing and a knowledge of nursing theory and practice, which one would you prefer that candidates have?

1. Good knowledge of nursing theory and practice.....[__]
2. Good knowledge of community health nursing .....[__]
3. Good knowledge of both .....[__]
4. No preference .....[__]

LICENSURE

35. Are candidates for community health positions required to have licensure eligibility in the AARN?

1. Yes .....[__]
2. No .....[__]

36. Do you prefer candidates to be eligible for licensure in AARN?

1. Yes .....[__]
2. No .....[__]

PERSONAL FACTORS

How necessary for being employed in a community health nursing position is the position of each personal quality listed below? Check each one according to this scale:

1. Essential
2. Important
3. Useful
4. Not necessary

	Essential	Important	Useful	Not necessary
37. Ability to get along with people	[__]	[__]	[__]	[__]
38. Ability to get along with coworkers	[__]	[__]	[__]	[__]
39. Leadership	[__]	[__]	[__]	[__]
40. Organizing and executive ability	[__]	[__]	[__]	[__]
41. Tact and diplomacy	[__]	[__]	[__]	[__]
42. Good judgement and common sense	[__]	[__]	[__]	[__]
43. Active participation in professional organizations	[__]	[__]	[__]	[__]
44. Interest in and liking for children	[__]	[__]	[__]	[__]
45. Interest in and liking for geriatric clients	[__]	[__]	[__]	[__]
46. Ability to teach	[__]	[__]	[__]	[__]
47. Poise and emotional stability	[__]	[__]	[__]	[__]
48. Appearance	[__]	[__]	[__]	[__]
49. Good Health	[__]	[__]	[__]	[__]
50. Interest in community affairs	[__]	[__]	[__]	[__]
51. Sense of humor	[__]	[__]	[__]	[__]
52. Initiative and willingness to work	[__]	[__]	[__]	[__]
53. Assertiveness	[__]	[__]	[__]	[__]
54. Physical fitness	[__]	[__]	[__]	[__]
55. Responsibility and accountability	[__]	[__]	[__]	[__]
56. Integrity	[__]	[__]	[__]	[__]
57. Ability to communicate	[__]	[__]	[__]	[__]
58. Creativity	[__]	[__]	[__]	[__]
59. Commitment	[__]	[__]	[__]	[__]
60. Empathy	[__]	[__]	[__]	[__]
61. Self-awareness	[__]	[__]	[__]	[__]
62. Maturity	[__]	[__]	[__]	[__]
	1	2	3	4

63. You may deem some of the items listed under personal factors as being much more important than the others. Please list, by number, in order of importance, those five personal qualities you most prefer candidates to have.

1. _____
2. _____
3. _____
4. _____
5. _____

64. The criteria used in the selection of personnel for community health positions have been incorporated into the preceding questions. Usually these criteria do not carry equal weight. Using an "X", mark the two criteria you consider to be of most importance to you when you select personnel for community health positions.

1. Age .....[__]
2. Sex .....[__]
3. Experience .....[__]
4. Basic educational preparation .....[__]
5. Scholastic ability .....[__]
6. Intelligence .....[__]
7. Licensure .....[__]
8. Personal factors .....[__]
9. Physical fitness .....[__]
10. Breadth of Knowledge .....[__]

65. Using an "O". mark the two criteria listed in question 64, that you consider to be of least importance to you when selecting community health nursing personnel.

66. Please identify any other criteria that are either required or preferred by you when selecting community health personnel.

_____
_____
_____
_____

C. SELECTION PROCEDURES

Please place your answer to the following questions in one of the spaces to the right of each question, using the following scale:

1. Always
2. Frequently
3. Occasionally
4. Never

IDENTIFICATION OF CANDIDATES

In this part of the questionnaire, it is necessary to make a distinction between identification and final selection of candidates. Identification, as presently used, refers to the process by which the identity of possible candidates is secured. Selection refers to the act whereby a candidate is selected and accepted for employment.

67. Identification is made:

	Always	Frequently	Occasionally	Never
1. from applications received as a result of advertising	[ ]	[ ]	[ ]	[ ]
2. by requesting names from nursing education institutions	[ ]	[ ]	[ ]	[ ]
3. by contacting nurses employed in other health agencies	[ ]	[ ]	[ ]	[ ]
4. other, please specify _____	[ ]	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]	[ ]

68. An attempt is made to identify candidates before they are actually needed .....[ ][ ][ ][ ]

69. A list of suitable candidates is kept on file from year to year .....[ ][ ][ ][ ]

70. An attempt is made to identify students in nursing schools who appear to possess those characteristics needed in community health .....[ ][ ][ ][ ]

DETERMINING QUALIFICATIONS NEEDED

71. The qualifications a community health nurse should have are determined by:

1. Local Board of Health .....[ ][ ][ ][ ]
2. Health Unit Board .....[ ][ ][ ][ ]
3. Medical Officer of Health .....[ ][ ][ ][ ]
4. Nursing Supervisor .....[ ][ ][ ][ ]
5. Community health staff nurses .....[ ][ ][ ][ ]
6. Executive administrative secretary .....[ ][ ][ ][ ]
7. Consumers of service .....[ ][ ][ ][ ]
8. Other, specify _____
_____[ ][ ][ ][ ]

72. The qualifications of a community health nurse may be analyzed in terms of the requirements of a particular assigned area, a health unit basis, or on a provincial wide basis. What method is employed by your health unit?

1. On a provincial basis.....[ ][ ][ ][ ]
2. On a health unit wide basis .....[ ][ ][ ][ ]
3. On an individual assigned area basis .....[ ][ ][ ][ ]

Always | Frequently | Orrasionally | Never

METHODS OF SELECTION

73. More than one person is considered when a position is vacant .....[__][__][__][__]

74. The Medical Officer of Health makes the final selection of candidates who are to be recommended to the Board for hiring .....[__][__][__][__]

75. The Nursing Supervisor makes the final selection of candidates who are to be recommended to the Board for hiring .....[__][__][__][__]

76. A committee is used as a part of the selection process .....[__][__][__][__]

77. If a committee is used, those persons usually involved include:

1. Local Board of Health representative(s) .....[__][__][__][__]
2. Health Unit Board member(s) .....[__][__][__][__]
3. Medical Officer of Health .....[__][__][__][__]
4. Nursing Supervisor .....[__][__][__][__]
5. Executive Administrative secretary .....[__][__][__][__]
6. Other, specify _____[__][__][__][__]

APPLICATION FORMS

78. Application forms are used as part of the selection process.....[__][__][__][__]

79. Application forms used are standardized .....[__][__][__][__]

80. Application forms are specific to the position of community health nurse .....[__][__][__][__]

81. Resumes or curriculum vitae are required in addition to the application form .....[__][__][__][__]

82. Application forms make use of written essay question[__][__][__][__]

83. If written essay questions are used, on what topic is the candidate asked to write? Please write in _____

_____

_____

_____

INTERVIEWS

84. Interviews are used as part of the selection process[__][__][__][__]

85. If interviews are used, those persons usually involved include:

	Always	Frequently	Occasionally	Never
1. Local Board of Health respresentative(s)	[__]	[__]	[__]	[__]
2. Health Unit Board member(s)	[__]	[__]	[__]	[__]
3. Medical Officer of Health	[__]	[__]	[__]	[__]
4. Nursing Supervisor	[__]	[__]	[__]	[__]
5. Executive administrative secretary	[__]	[__]	[__]	[__]
6. Community health staff nurses	[__]	[__]	[__]	[__]
7. Other, specify _____	[__]	[__]	[__]	[__]

86. A prepared rating form is used in the interview .....[__][__][__][__]

RECOMMENDATIONS AND REFERENCES

87. Letters of recommendation or reference are used as a part of the selection process .....[__][__][__][__]

88. Letters of reference are requested from all applicants .....[__][__][__][__]

89. Letters are:

1. forwarded by the applicant .....[__][__][__][__]
2. confidential, and sent directly to you by the person making the recommendation .....[__][__][__][__]

90. A standard format is used for reference letters .....[__][__][__][__]

91. If a standard format is used, they are in the form of:

1. rating scales .....[__][__][__][__]
2. anecdotal notes .....[__][__][__][__]

92. Referees are contacted by telephone .....[__][__][__][__]

93. From whom do you usually request references? Please write in:

_____

_____

_____

FIELD CHECKS

94. Field checks or evaluation observations are used as part of the selection process .....[__][__][__][__]

95. If field checks are used, who usually is involved:

1. Medical Officer of Health .....[__][__][__][__]
2. Nursing Supervisor .....[__][__][__][__]
3. Community health staff nurses .....[__][__][__][__]
4. Other, specify _____ [__][__][__][__]

Always / Frequently / Occasionally / Never

INTERNSHIP AND PROBATIONARY PERIODS

96. An internship and/or probationary period is used when employing community health nurses .....[__][__][__][__]

97. If a probationary period is used, would you please give a brief account of it _____

_____

_____

_____

_____

_____

_____

_____

ASSESSMENT OF ACADEMIC TRANSCRIPTS

98. Academic transcripts are assessed in the selection process.....[__][__][__][__]

99. Academic transcripts are requested from all applicants .....[__][__][__][__]

PHYSICAL EXAMINATION

100. Candidates are required to undergo a physical examination as part of the selection process .....[__][__][__][__]

INDIVIDUAL TESTS

101. Individual mental ability tests are used as part of the selection process .....[__][__][__][__]

102. Personality tests are used as part of the seleotion process .....[__][__][__][__]

103. If you use either mental ability or personality tests, please specify type and title _____

_____

_____

_____

_____

104. The procedures sometimes used in the selection of personnel have been incorporated into the preceding questions; each procedure will not necessarily be ranked equally in importance by you in the selection process.

Using a "X" identify the two procedures you consider to be of greatest relevance to you when selecting community

health nursing personnel.

1. Application forms .....[__]
2. Interviews .....[__]
3. Academic transcripts .....[__]
4. Individual tests .....[__]
5. References .....[__]
6. Field checks .....[__]
7. Internship/ probation .....[__]
8. Physical examination .....[__]

105. Using an "0", mark the two procedures in question 104 that you consider to be of least relevance to you in selecting community health personnel.

D. SATISFACTION

Using a scale of 1 to 5, rate your degree of satisfaction with the following concerns; 1 represents very dissatisfied to 5 which represents very satisfied. Circle the appropriate response.

106. To what degree are you satisfied with your present selection process..... 1 2 3 4 5

107. To what degree are you satisfied that the information gained in the selection process employed has been an accurate indicator of subsequent job performance 1 2 3 4 5

108. To what degree are you satisfied that the information gained in selection has been an accurate indicator of subsequent employee job satisfaction 1 2 3 4 5

109. To what degree are you satisfied that the information obtained in selection has been an accurate indicator of subsequent successful incorporation into the nursing team 1 2 3 4 5

110. To what degree are you satisfied that the information gained in the selection process has been an accurate indicator of subsequent employee longevity in the nursing position 1 2 3 4 5

If you have any comments about either the questionnaire or the research project, please feel free to express them

_____
_____
_____
_____
_____
_____
_____
_____